

**OKLAHOMA DEPARTMENT OF AGRICULTURE,  
FOOD, AND FORESTRY**

**AGRICULTURAL ENVIRONMENTAL MANAGEMENT SERVICES**

PO BOX 528804  
OKLAHOMA CITY, OKLAHOMA 73152  
405/522-5998

**POULTRY FEEDING OPERATION CHANGE OF INTEGRATOR FORM**

Please complete all the information requested below.

**Facility**

**New Integrator**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Owner e-mail: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner/Operator or ODAFF Inspector