

**OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD, AND FORESTRY**  
**Agricultural Environmental Management Services**

P. O. Box 528804  
Oklahoma City, Oklahoma 73152  
Phone: (405) 522-5998 Fax: (405) 522-6357

**Poultry Feeding Operations (PFO)**  
**Operator Change for Existing Facility (No Fee Required)**

**1. Owner** (Requires Completion)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

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

Additional Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

**2. New Operator** (Requires Completion)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

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

Additional Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

**New Operator Signature:** \_\_\_\_\_

**3. Operation** (Requires Completion)

Name \_\_\_\_\_

PFO Id: \_\_\_\_\_

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

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

Address \_\_\_\_\_

City \_\_\_\_\_

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

Additional Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

“I certify that this document and all attachments were prepared under my direction or supervision by qualified personnel. The information submitted is true, accurate, and complete to the best of my knowledge. If the poultry feeding operation is owned by a corporation, the principal executive officer is required to sign the application.

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

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_