



FERAL SWINE COMBINATION FACILITY / TRANSPORTER LICENSE APPLICATION

Return to: Animal Industry Services, 2800 N Lincoln Blvd, Oklahoma City, OK 73105
Fax: 405-522-0756, Email: nichole.carrillo@ag.ok.gov

Owner: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Mailing Address: _____ City: _____ Zip: _____

Facility Web Page (optional): _____

The renewal application is exempt from this question box unless there have been any changes since last application.

Has the applicant(s) been convicted of a felony, misdemeanor, administrative, or civil violation of any natural resource requirements, including but not limited to forestry, fisheries, environmental, domestic, or wildlife animal health within the last 3 years in Oklahoma or any other jurisdiction? Or, has the applicant(s) had any equivalent license denied, revoked, or suspended by any authority, except in accordance with the provisions of 2 O.S. § 6-514? Yes No

If Yes, attach a list and description of all offenses.

Facility Business Name(s): _____

Physical Address: _____ City: _____ Zip: _____ County: _____

Legal Description of Facility to Nearest Quarter Section: _____

Driving Directions from Nearest Town: _____

Is the property where the facility is located owned or leased by the applicant(s)? **Circle one choice.**

Method(s) of Carcass Disposal: Burial Closed-Air Incineration Composting Landfill Rendering

Attach a map with topography of the facility diagramming all structures and fencing.

Handling Facility/Transporter Combination License: \$225 for Initial License

\$125 for Renewal License

Sporting Facility/Transporter Combination License: \$225 for License Renewal

\$25 for License Renewal if co-licensed by ODWC (include copy)

Enclose payment with application by check, money order, or credit card (see below).

Name on Card _____ Expiration Date Month _____ Year _____

No. _____ Security Code _____ Amount _____ Visa Mastercard Discover

“I, the licensure applicant, certify under penalty of law this document, all attachments, and information submitted are to the best of my knowledge and belief true, accurate, and complete. I am aware there are significant penalties for knowingly submitting false, inaccurate, or incomplete information, including the possibility of fines for each violation. Furthermore, I acknowledge that I have read and understand the Feral Swine Control Act and applicable administrative rules.”

Signature of Facility Owner(s): _____ Date: _____

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FOR OFFICE USE ONLY

Approving Signature _____ DATE: _____

Receipt # _____ Amount _____