



Oklahoma Department of Agriculture, Food, & Forestry

Food Safety Division, Meat Inspection Services
2800 N. Lincoln Boulevard
Oklahoma City, OK 73105-4298

Certificate of Registration for Distributors, Meat Brokers, and Public Warehousemen

Registration/Certificate No. _____

Business Name: _____

Mailing Address: _____
(include zip code)

Location of Premises: _____

Business Phone (include area code): _____

Type of Business: Distributor Meat Broker Public Warehouse

Business is: Individual Partnership Corporation

List name and address of each partner or corporate officer.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Name of operator if different than owner. _____

I understand that my operations will be subject to compliance reviews as provided by Oklahoma Statutes.

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Signature

.....
Date

.....
Title

.....
Print Name