

Oklahoma Department of Agriculture, Food, & Forestry

Food Safety Division

P.O. Box 528804, Oklahoma City, OK 73152-8804

(405) 521-3741



Application For Meat Inspection Services



Establishment Name _____

Mailing Address _____ Town _____

County _____ Zip Code _____

Location of Establishment _____

Name of Owner/Operator _____

Telephone No. (Establishment) _____

In Case of Emergency Contact _____

Day Telephone No. _____ Night Telephone No. _____

Est. Number (Assigned by the Oklahoma Dept. of Agriculture, Food, and Forestry) _____

Check One: _____
New Change of Ownership Name Change

Type of Operation:

Inspected Establishments

- | | |
|---|--------------------------|
| _____ Red Meat Processing | _____ Red Meat Slaughter |
| _____ Poultry Processing | _____ Poultry Slaughter |
| _____ Rabbit Processing | _____ Rabbit Slaughter |
| _____ Other Processing (Identify - Be Specific) | _____ |
| _____ Other Slaughter (Identify - Be Specific) | _____ |

Custom Exempt Establishments

- _____ Processing
- _____ Slaughter
- _____ Farm Slaughter Unit

All Applicants Complete The Following:

Is establishment operated by:

Individual

Partnership

Corporation

If corporation or partnership, list names, titles and addresses of officers below:

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

If corporation, list names, titles and addresses of board of directors below:

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

1. Have you and/or any member of your partnership or corporation ever had a grant of inspection denied, revoked or suspended in Oklahoma or any other state?
(If answered yes to this question, specify when, where, why): _____

2. Have you and/or any member of your partnership or corporation convicted of a meat related felony?
(if yes, list state, court, and case number): _____

3. List any brands, product names, or trademarks which you and/or members of your partnership or corporation use for products manufactured in your establishment:

If Applying for an Inspected Establishment, Complete the Following:

Work Schedule

The establishment will work _____ days per week

Slaughter operations will be between the hours of _____ a.m. and _____ p.m.

Processing operations will be between the hours of _____ a.m. and _____ p.m.

1. It is hereby requested that meat inspection services be provided by the Oklahoma Department of Agriculture, Food, and Forestry during the slaughter and/or processing operations during the time specified in this application.

2. It is agreed that any time the operations in an inspected establishment are conducted under conditions which will require the services of a meat inspector on any Saturday, Sunday, State Holiday, or for more than 8 hours on any other day, it constitutes overtime for which the owner of the establishment will be liable at the overtime rates established by the Oklahoma Board of Agriculture, Food, and Forestry, and the payment will be made within 10 days after receipt of invoice.

3. It is agreed that the following representatives are authorized by the owner to sign the official overtime Establishment Time Card for meat inspection services, and such signature constitutes acceptance of liability for any overtime incurred. It is further agreed that the signing of any of these authorized representatives of any incomplete or incorrect Establishment Time Card will be at the establishment's own risk.

a. Establishment Representative _____

Position or Title _____

b. Establishment Representative _____

Position or Title _____

c. Establishment Representative _____

Position or Title _____

d. Establishment Representative _____

Position or Title _____

All Applicants:

This application shall be governed in all respects by the laws of the State of Oklahoma. In the event any litigation shall occur concerning the terms and conditions of this application on the rights and duties of the parties, the parties agree that any such suit shall be sustained in the court of proper jurisdiction.

This application shall become effective upon final signature of the Establishment Owner or Manager and the Representative of the State of Oklahoma. This application shall be in effect until meat inspection services are no longer required or withdrawn or until any changes ownership, corporate structure, or location occurs, at which time a new application shall be required, and the facilities will be required to meet current standards.

I, _____, hereby certify that the above statements are true and correct to the best of my knowledge, and as owner or manager of the above slaughter and/or processing plant will comply with the State laws, rules, and regulations now in effect, and others that might become effective later, and that to the best of my knowledge I have complied with all the provisions of the meat and poultry inspection laws and regulations promulgated thereto.

Signature of Owner or Operator

Date

Mail to the Following Address:

OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD, & FORESTRY
FOOD SAFETY DIVISION, MEAT INSPECTION
P.O. Box 528804
OKLAHOMA CITY, OK 73152-8804

Oklahoma Department of Agriculture, Food, & Forestry offers its programs to all eligible persons regardless of race, color, national origin, religion, sex, age, or disability and is an Equal Opportunity Employer and Provider.

For Department of Agriculture, Food, & Forestry Use Only:

- Blueprints Approved By: _____ Date: _____
- Facilities Reviewed and Approved By: _____ Date: _____
- Sewage and Water Approved By: _____ Date: _____
- Application Approved By: _____ Date: _____
- Labels Approved By: _____ Date: _____
- Permit Issued By: _____ Date: _____