

**OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD, AND FORESTRY
AGRICULTURAL ENVIRONMENTAL MANAGEMENT SERVICES**

P. O. Box 528804
Oklahoma City, Oklahoma 73152
(405)522-5998

POULTRY WASTE APPLICATOR CERTIFICATION

1. Applicant Name _____
Address _____
City _____ State _____ Zip _____
County _____ Telephone _____
e-mail: _____

2. (Complete if you are a Poultry Waste Applicator ONLY, and not a Poultry Feeding Operation.)
Driving Directions (to your office or home): _____

3. Please list all currently known counties in Oklahoma where the applicant will land apply poultry waste.

4. Please identify your experience in poultry waste land application.

5. Please check one of the following boxes:

- Commercial Applicator Certificate - 1 year - \$15.00 fee is required.
Expires December 31 each year.
- Private Applicator Certificate - \$15.00 fee is required unless you are a registered poultry operation with the Oklahoma Department of Agriculture, Food, and Forestry.
Expires December 31, 2020

6. Please enclose \$15.00 if you are a commercial applicator. Please make checks payable to the Oklahoma Department of Agriculture, Food, and Forestry. *If you are applying for a private applicator's certificate and you are registered as a poultry feeding operation, the \$15.00 fee is waived.*

Signature Date

Instructions for Required Affidavit:

All natural persons applying for a new poultry waste applicator's certificate from the Oklahoma Department of Agriculture, Food, and Forestry (Department) are required, by the provisions of 56 O.S. Supp. 2007 § 71, to provide the Department with verification of lawful presence in the United States by executing the Affidavit below before a notary public or other officer authorized to notarized affidavits under State law.

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

Affidavit of

 [Print Applicant's Name]

STATE OF _____)
) ss:
 COUNTY OF _____)

_____, of lawful age, being first duly sworn, upon Applicant's oath states,
 (Print Applicant's Name)
 under penalty of perjury, as follows:

I am a United States Citizen, or I am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.

 [Signature of Applicant]

Subscribed and sworn to or affirmed before me this _____ day of _____, 20____,
 by _____.
 [Print Applicant's Name]

 Notary Public

My Commission Expires: _____

Commission Number: _____

(SEAL)