



# FARMED CERVIDAE LICENSE APPLICATION

Return to: Animal Industry Services, 2800 N Lincoln Blvd, Oklahoma City, OK 73105

## Facility Owner Information

Owner: \_\_\_\_\_ Co-Owner (if applicable) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## Facility Operator Information (optional)

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**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/Farm/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.**

"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."

Signature of Facility Owner(s)/Lessee(s): \_\_\_\_\_ Date: \_\_\_\_\_

(Any person not listed on this application will not be considered a licensee.)

**RETURN TO: ANIMAL INDUSTRY SERVICES, 2800 N LINCOLN BLVD, OKLAHOMA CITY, OK 73105**

Enclose payment with application by check, money order or credit card (see below)  \$200 for Initial License  \$100 for Renewal License

Name on Card \_\_\_\_\_ Expiration Date Month \_\_\_\_\_ Year \_\_\_\_\_

No. \_\_\_\_\_ Security Code \_\_\_\_\_ Amount \_\_\_\_\_  Visa  Mastercard  Discover

### FOR OFFICE USE ONLY

Approving Signature \_\_\_\_\_ DATE: \_\_\_\_\_

Receipt # \_\_\_\_\_ Amount \_\_\_\_\_

**FARMED CERVIDAE INVENTORY FOR \_\_\_\_\_ AS OF \_\_\_\_\_**  
 (Name) (Date)

A minimum of one form of ODAFF approved identification is required for all animals one year of age or older. This may include metal clip tags, electronic identification, plastic tags, and ear tattoos.

|    | <b>PRIMARY IDENTIFICATION (Required)</b> | <b>SECONDARY IDENTIFICATION (Optional)</b> | <b>SPECIES OR BREED NAME</b> | <b>AGE</b> | <b>SEX (M/F)</b> |
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**CWD Certified Herds are exempt from submitting this inventory sheet.**