

OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD, AND FORESTRY
Agricultural Environmental Management Services

PO Box 528804
Oklahoma City, Oklahoma 73152
Phone: (405) 522-5998 Fax: (405) 522-6357

NEW POULTRY FEEDING OPERATION REGISTRATION APPLICATION

\$10 Application Fee

Legal Description of the Facility Location (to the nearest 10 acres):

_____ ¼ _____ ¼ _____ ¼ Section _____ Township _____ Range _____ County _____

1. Owner (Requires Completion)

Name _____

Address _____

City _____

State _____ Zip _____

Phone () _____ - _____

Additional Phone () _____ - _____

Owner e-mail address:

3. Farm Information (Requires Completion)

Farm Name _____

Contact Person _____

Farm Physical Address _____

City _____

State _____ Zip _____

Phone () _____ - _____

Email address: _____

Location of Farm Entrance:

Latitude _____

Longitude _____

2. Operator (Must complete if different than owner)

Name _____

Address _____

City _____

State _____ Zip _____

Phone () _____ - _____

Additional Phone () _____ - _____

Operator e-mail address:

4. Integrator (Requires Completion)

Name _____

Contact Person _____

Address _____

City _____

State _____ Zip _____

Phone () _____ - _____

Email address: _____

Description of Farm (please complete the following table for the farm being registered):

# of Houses	Poultry House Dimensions (Ft.)			Bird Type (ex: Pullet, Broiler, Layer)	# of birds <u>per house</u>
	Length	X	Width		
	Length	X	Width		
	Length	X	Width		
	Length	X	Width		
	Length	X	Width		
	Length	X	Width		

THE FOLLOWING INFORMATION MUST ACCOMPANY THIS APPLICATION:

1. A detailed scaled map identifying the following within one (1) mile of the facility:
 - Occupied Residence(s)
 - Public School(s)
 - Incorporated City Limits
 - Public Roadway(s)
 - Property Boundary
 - Perennial or intermittent stream(s) as identified on a current USGS 7.5 minute topographic map
 - Private well(s) not owned or used for the poultry feeding operation
 - Public Well(s)
 - Location of the poultry barns, composters and other carcass disposal areas, litter sheds, and other buildings associated with the operation

2. A copy of the current approved Nutrient Management Plan or proof of application for such plan or any other plans authorized by the State Department of Agriculture.

3. A Statement of Ownership – please mark the applicable answer and provide necessary documentation
 - The applicant is a corporation – please provide the name and address of the corporation and the name and address of each officer and registered agent of the corporation.
 - The applicant is a partnership or other legal entity – please provide the name and address of each partner and stockholder with an ownership interest of 10% (ten percent) or more.
 - Not Applicable

4. Environmental History, Records, and Awards – please mark the applicable answer and provide necessary documentation
 - An environmental history from the past three years of any poultry feeding operation established and operated by the applicant or any other operation with common ownership in this state or any other state.
 - Not Applicable

5. Warranty Deed (Proof of Ownership)

Instructions for Required Affidavit:

All natural persons applying for a new poultry operation registration 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, under
(Print Name)
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: _____

Notary Commission No.: _____

(SEAL)