



# FERAL SWINE COMBINATION FACILITY / TRANSPORTER LICENSE APPLICATION

Return to: Animal Industry Services, 2800 N Lincoln Blvd, Oklahoma City, OK 73105  
Fax: 405-522-0756, Email: nichole.carrillo@ag.ok.gov

Owner: \_\_\_\_\_

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

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

Facility Web Page (optional): \_\_\_\_\_

**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 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.**

**Sporting Facility/Transporter Combination License:**  \$325 Initial License  
 \$225 License Renewal  
 \$25 License Renewal if co-licensed by ODWC (include copy)

**Handling Facility/Transporter Combination License:**  \$225 Initial License  
 \$125 Renewal License

Enclose payment with application by **check, money order, or credit card** (see below).

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

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

"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. Furthermore, I acknowledge that I have read and understand the Feral Swine Control Act and applicable administrative rules."

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

**RETURN TO: ANIMAL INDUSTRY SERVICES  
2800 N LINCOLN BLVD, OKLAHOMA CITY, OK 73105  
FAX: 405 522 0756, EMAIL: nichole.carrillo@ag.ok.gov**

### FOR OFFICE USE ONLY

Approving Signature \_\_\_\_\_ DATE: \_\_\_\_\_ Receipt # \_\_\_\_\_  
Amount \_\_\_\_\_