OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD, AND FORESTRY
AGRICULTURAL ENVIRONMENTAL MANAGEMENT SERVICES
P. O. BOX 528804
OKLAHOMA CITY, OK  73152
(405)522-5998

POULTRY FEEDING OPERATION REGISTRATION TRANSFER

1. CURRENT REGISTRATION HOLDER

Name__________________________
Address________________________
City____________________________
State ___________ Zip___________
Phone_________________________
Current PFO Registration #_______

Description of Operation

Number of houses_____________________________
Total capacity of houses_____________________

Type of Birds          No. of Birds
- Layers           ________
- Broilers          ________
- Other
   Specify _________

Integrator Company that furnishes birds:___________________________________________

Date of Transfer:_______________________________________________________________

Does the current registration holder have a PWA certificate?  □ No  □ Yes – PWA #________

If yes, does the current registration holder want to cancel their PWA certificate?  □ No  □ Yes

Signature of Current Registration Holder or ODAFF Poultry Inspector  Date
POULTRY FEEDING OPERATION TRANSFER 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. Operation (Requires Completion)

   Name__________________________________________
   Contact Person_______________________________
   Address________________________________________
   City_____________________________________________
   State________ Zip___________________________
   Phone ( ) _____ - _______________________________
   Email address:_____________________________________

Location of Operation 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 Operation (please complete the following table for the operation being transferred):

<table>
<thead>
<tr>
<th># of Houses</th>
<th>Poultry House Dimensions (Ft.)</th>
<th>Bird Type (ex: Pullet, Broiler, Layer)</th>
<th># of birds per house</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Length X Width</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Length X Width</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Length X Width</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Length X Width</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Length X Width</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

THE FOLLOWING INFORMATION MUST ACCOMPANY THIS APPLICATION:

1. A diagram or map showing:
   - [ ] Legal description of the facility location (down to the nearest 10 acres: Quarter, Quarter, Quarter Section)
   - [ ] Geographical location with perimeters of the facility
   - [ ] Location of waters of the State (including but not limited to drainage from the facility)
   - [ ] Location of poultry waste storage facilities
   - [ ] Location of land application sites owned, leased or contracted by the applicant for application of poultry waste

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**

______________________________, of lawful age, being first duly sworn, upon Applicant's oath states, 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___.

______________________________

[Print Applicant’s Name]

Notary Public

My Commission Expires: _______________

Notary Commission No.: _______________

(SEAL)
Poultry Feeding Operation (PFO) Nutrient Management Plan (NMP) Transfer Application
(Facilities not in Eucha-Spavinaw watershed)

When transferring a PFO to a new owner, the new owner may request to transfer the current valid NMP into the new owner’s name, if the operation or its waste utilization remains as described in the NMP and will remain under the new owner. If applicable, you may submit this checklist and a color copy of the current NMP with the PFO transfer paperwork. Please retain a color copy of the current valid NMP on site at your PFO for your records.

Please review the following questions and check yes or no accordingly:

1. Will there be an increase in the number of birds or a change in the type of bird (i.e. layer, broiler, pullet, etc.) being grown at this operation?
   
   □ Yes  □ No

2. Will there be any changes made to the handling and storage of generated litter? (i.e. addition of litter shed)
   
   □ Yes  □ No

3. Will there be any changes made to the handling and disposal of normal or catastrophic mortalities?
   
   □ Yes  □ No

*If the current NMP exports all litter, skip to question 6.*

4. Will there be any changes in the crop type being used for litter application?
   
   □ Yes  □ No

5. Will there be any new land application fields added or removed that are not included in the NMP under previous ownership?
   
   □ Yes  □ No
If the current NMP allows for land application of litter, do not answer question 6.

6. Do you plan to land apply any litter on land you own, rent, or control?

☐ Yes   ☐ No

If you answered no to all applicable questions above and accept the conditions/terms of the current valid NMP, please sign and date below to transfer the current valid NMP into your name. After signing, please send this form with a color copy of the current valid NMP to Oklahoma Department of Agriculture, Food, and Forestry (ODAFF) Agricultural Environmental Management Services Division at P.O. Box 528804, Oklahoma City, OK 73152. If approved, ODAFF will sign and send back for your records. If you have any questions, please call (405)522-5998.

If you answered yes to any of the questions above, you must obtain and submit a new/updated NMP or proof of application. Options for new NMPs include:

- Contact the Natural Resource Conservation Service to see if they have resources available to prepare a plan. (If they do not, you will need to seek other options).

- Contact a third party consultant to prepare a plan for you to submit to ODAFF for review and approval.

Printed Name_____________________________ Title_____________________________

Signature_____________________________ Date Signed_________________________
POULTRY FEEDING OPERATION (PFO) ANNUAL REPORT COVER SHEET

Owner Name: ________________________________ ODAFF PFO Id: ______

Facility Name: ______________________________

E-mail: ______________________________

Address: ______________________________________

City: __________________ State: __________ Zip: __________

County: __________________ Telephone: (________)

Name of the Nutrient Limited Watershed where PFO is located: ______________________________

1. This report covers the dates from: _______/_____/_______ through _______/_____/_______

2. Please check if applicable: [ ] No litter sold, transferred or land applied for this reporting period

This report must be received before the transfer can be approved and include information from July 1, 2020 through the final date of ownership. If you did not sell, transfer, or land apply poultry waste during the listed period you are still required to check the "No litter sold, transferred or land applied" and return this page to the department.

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision by qualified personnel. Based upon my inquiry of the person or persons directly responsible for gathering the data, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false, inaccurate, or incomplete information, including the possibility of a fine of not more than ten thousand dollars for each violation."

Signature: __________________________ Date: ________________
### Oklahoma Registered Poultry Feeding Operations Annual Litter Report Form

Owner/Facility Name: ___________________________

ODAFF PFO Id: __________________

**PFO Annual Litter Sold, Transferred or Land Applied On Site**

<table>
<thead>
<tr>
<th>Line Id</th>
<th>Date of Removal or Applied</th>
<th>Amount sold, transferred or land applied on site (Tons)</th>
<th>Litter analysis Date</th>
<th>Include a copy of analysis with report</th>
<th>Total acres available for land application</th>
<th>Applicator Name and License No</th>
<th>Mailing Address &amp; Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Information for litter applied on land associated with PFO**

| Person or entity receiving litter (
If moved out of Oklahoma, only provide the State name) | Person or entity receiving - Mailing Address & Telephone No. | Applicator Name & License No. | Applicator Mailing Address & Telephone No. | Litter Hauler Name | Litter Hauler - Mailing Address & Telephone No. |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**If litter removed off site (Sold or Transferred)**

**Instructions:** Each line is a single entry. Do not put “litter applied on PFO” and “litter removed off site” on the same line, these are treated as separate events and need to be reported as separate events. **Use additional pages as necessary.**

1 – Line entry number 1, 2, 3. 2 - Date of the event. 3 – Enter the amount of litter land applied, sold or transferred. 4 – Provide the Litter analysis date for this entry and **include a copy of the litter analysis with this report.** (5-7 are for entries where litter is applied on land associated with PFO) 5 – How many acres are available for litter application. 6 – Enter applicator name and the PWA license number. 7 – Provide applicator mailing address and telephone number. (8-13 are for entries where litter is sold or transferred to another entity) 8 – Who is the entity receiving the litter. 9 – Provide recipient mailing address and telephone number 10 – If known, who the applicator is and their PWA license number. 11 – If known, applicator mailing address and telephone number 12 – Who was the person hauling the litter from your farm to the person receiving the litter 13 – what is the litter hauler telephone number and mailing address.
Facility Application Review Resources

Google Earth
https://www.google.com/earth/versions/

Oklahoma Water Resources Board Interactive Maps and GIS Data
https://www.owrb.ok.gov/maps/index.php

Oklahoma Department of Environmental Quality Data Viewer
https://gis.deq.ok.gov/maps/

United States Geological Survey TopoView
https://ngmdb.usgs.gov/topoview/viewer/#4/39.98/-100.06

United States Environmental Protection Agency NEPAssist
https://nepassisttool.epa.gov/nepassist/nepamap.aspx

Earth Point
http://www.earthpoint.us/Townships.aspx