



Oklahoma Department of Agriculture, Food, and Forestry

Poultry Feeding Operation and Nutrient Management Plan (NMP) Application for Six-Year Renewal

Name _____

Address _____

City _____ State _____ Zip _____

e-mail: _____

Poultry ID #: _____ Telephone: _____

Please review the following questions, **answer all of them**, and check *yes* or *no* accordingly:

1. Will there be a change in the type of bird (i.e., layer, broiler, pullet, etc.) being grown?
 Yes No
2. Will there be an increase in the number of birds grown different than your current registered capacity?
 Yes No
(If yes, please list the new number) _____
3. Will there be any changes made to the handling and storage of generated waste (i.e. addition of litter shed)?
 Yes No
4. Will there be any changes made to the handling and storage of normal or catastrophic mortalities disposal?
 Yes No
5. Will there be any new poultry houses or other operation related structures constructed?
 Yes No
6. Do you plan to land apply any litter on land you own, rent, or control?
 Yes No

Printed Name: _____

Title _____

Signature _____

Date Signed: _____