

**OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD, AND FORESTRY (ODAFF)
AGRICULTURAL ENVIRONMENTAL MANAGEMENT SERVICES**

P. O. Box 528804
Oklahoma City, Oklahoma 73152
405/522-5998

POULTRY WASTE APPLICATOR ANNUAL REPORT COVER SHEET

Applicator name: _____ PWA ID: _____

Address _____

City: _____ State _____ Zip: _____

County: _____ Telephone: () _____

E-mail: _____

Driving Directions _____

1. This report covers the period from July 1, 20__ to June 30, 20__.

2. Please check if needed: No litter applied Cancel Certificate (Annual report is still required)

This report must be received by September 1 (annually) and include information from July 1, 20__ through June 30, 20__.

Please complete this form and return it to our office no later than September 1 (annually).
The mailing address is at the top of this page.

All applicators are required to respond to this notice. If you did not apply poultry waste during this time period you are still required to check the "no litter applied box" and return this 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: _____

The poultry act and the rules and regulations of the ODAFF require you to file a completed annual report, and obtain the required education. Failure to submit the required report by September 1 annually is a violation and subject to possible enforcement action.

Oklahoma Department of Agriculture, Food and Forestry

Poultry Waste Application Record

Annual Report Form

This is the form you need to send into ODAFF – **due by September 1 annually.**

Use this Form to Report Poultry Waste Applied for Yourself of Someone Else

Mail To: Oklahoma Dept. of Agriculture,
Food and Forestry/AEMS
P.O. Box 528804
Oklahoma City, OK 73152

Applicator's Name: _____ Applicator ID Number: _____

Applicator's Phone: _____

Applicator's Address: _____

Where Poultry Waste Was Produced			Where Poultry Waste Was Land Applied							
Legal Description (S=Section T=Township R=Range)	County Name	Litter Analysis Lab Id	Date Applied (Month/ Day/Yr.)	Application Site Legal Description	Field Name or Lab Id Number Place Same Name or Number on Lab Sheet	Tons of Waste Applied	No. of Acres Waste Applied to	Tons Per Acre Waste Applied	Person Receiving Waste Name, Address & Telephone Number (If Same Name as Applicator, Write Same)	County Name
S T R				S T R						
S T R				S T R						
S T R				S T R						
S T R				S T R						

NOTE: PLEASE include name or number of the field the waste was applied to in the proper column on this sheet and also hand write the appropriate field name or number on the lab results sheet. *Copies of Applicable Soil & Waste Lab Reports Must be Provided with this Report.*****