AMENDMENT TO APPLICATION FOR MEAT INSPECTION PROGRAM SERVICES

Plant Name and Est. Number: _____

Mailing Address (Include zip code): _____

Telephone Number (Establishment): _____

Work Schedule

The establishment will work _____ days per week.

Slaughter operations will be between the hours of _____ a. m. and _____ p.m.

Processing operations will be between the hours of _____ a. m. and _____ p.m.

Type of Operation

INSPECTED:

_____	RED MEAT PROCESSING	_____	RED MEAT SLAUGHTER
_____	POULTRY PROCESSING	_____	POULTRY SLAUGHTER
_____	RABBIT PROCESSING	_____	RABBIT SLAUGHTER

_____ OTHER PROCESSING (IDENTIFY - **BE SPECIFIC**) _____

_____ OTHER SLAUGHTER (IDENTIFY - **BE SPECIFIC**) _____

CUSTOM EXEMPT: _____ PROCESSING _____ SLAUGHTER

1. It is hereby requested that meat inspection services be provided by the Oklahoma Department of Agriculture, Food, & Forestry during the slaughter and/or processing operations during the times specified in this amendment.

2. It is agreed that any time the operations in an inspected establishment are conducted under conditions which will require the services of a meat inspector on any Saturday, Sunday, State Holiday, or for more than 8 hours on any day, it constitutes overtime for which the owner of the establishment will be liable at the overtime rates established by the Oklahoma Board of Agriculture, and the payment will be made within 10 days after receipt of invoice.

3. It is agreed that the following representatives are authorized by the owner to sign the official weekly Establishment Time Card for meat inspection services, and such signature constitutes acceptance of liability for any overtime incurred. It is further agreed that the signing by any of these authorized representatives of any incomplete or incorrect Establishment Time Card will be at the establishment's own risk.

    a. Establishment Representative _____

        Position or Title _____

    b. Establishment Representative _____

        Position or Title _____

    c. Establishment Representative _____

        Position or Title _____

For the Plant (Owner or Manager)

For the State Dept. of Agriculture, Food, & Forestry Meat Inspection Services

_____   _____

Date: _____   **Date:** _____

Oklahoma Department of Agriculture, Food, & Forestry offers its programs to all eligible persons regardless of race, color, national origin, religion, sex, age, or disability and is an Equal Opportunity Employer and Provider.