



INTEGRATOR CHANGE - POULTRY FEEDING OPERATION (PFO)

1. Current Owner Information

PFO #: _____

Owner Name: _____
First Name or Business Name Last Name (if applicable)

Phone#: _____ Email: _____

2. Farm Operation Information

Farm Name: _____
Farm Name

Bird Type is Remaining the Same: Yes No*

*If No, Please Update Type: _____

Bird Capacity is Remaining the Same: Yes No*

*If No, Please Update the Capacity: # _____

3. NEW Integrator Information

Name: _____
Integrator Name

Primary Contact: _____
Name Phone Number

Mailing Location: _____
Street Address City ST Zip

Email Address: _____

4. Signature & Date

 Owner, Operator or AEMS Inspector SIGNATURE
(please check applicable box)

Date of Signature

Please submit this form within 30 days of an Integrator Change. Completed forms may be emailed to AEMS.Poultry@ag.ok.gov or mailed to: ODAFF/AEMS, 2800 N Lincoln Blvd, OKC OK 73105.