## **POULTRY EXHIBITION PERMIT**

Oklahoma Department of Agriculture, Animal Industry Service 2800 N Lincoln Blvd, OKC, OK 73105

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(Please Print Person Responsible) riculture to hold an exhibition at:  (Name and Locatio	
	n of Exhibition)
n,I will allow poultry sales at the e	exhibition: Yes No
<ol> <li>Inderstand all the poultry must meet the requirements spectal Regulations of the Oklahoma Board of Agriculture. I agree I poultry meets the following exhibition requirement cility/parking lot.</li> <li>Any poultry being exhibited in Oklahoma shall be free 2. All poultry must have passed a negative test for F exhibition or have originated from a participating N flock.</li> <li>All poultry shall be identified by an official leg or win flock.</li> <li>Out of state poultry shall have a NPIP 9-3 form or a indicating the NPIP flock # or individual ID by leg /wi months of age they must originate from an NPIP flock the NPIP flock # within 30 days of entry.</li> <li>Application of the official leg/wing band is not repremises for a specific event. Birds tested and not id be required to be tested prior to entering any future</li> <li>This permit is effective only for the above date(s) ownership, or responsible party changes.</li> </ol>	ee to be responsible for determining that its prior to entry into the exhibition e of visible evidence of disease. Pullorum/Typhoid within 90 days prior to NPIP (National Poultry Improvement Plan) ing band unless they originate from an NPIP a CVI (Certificate of Veterinary Inspection) ing band within 30 days of entry. If under 4 and shall have a 9-3 form or a CVI indicating equired for birds tested on the exhibition lentified with an official leg/wing band will exhibitions.
gree to keep adequate records necessary to determine all e	· · · · · · · · · · · · · · · · · · ·
ecies and will make these records available for inspection be	· ·
pard of Agriculture upon request. Records of all exhibitors, b Idress and telephone numbers. These records will be m	-
llowing the conclusion of the event permitted by this appli	•
OPIES OF THESE RECORDS, UNLESS REQUESTED. THERE IS NO	O CHARGE FOR THIS PERMIT.
(State certified tester name if applicable)	(Signature of Person Responsible)
(Address, Phone, Fax/email of Person Resp	ponsible)

Approved by: \_\_\_\_\_\_ Date: \_\_\_\_\_