

POULTRY SPECIAL SALE/SWAP MEET AGREEMENT

Oklahoma Department of Agriculture, Animal Industry Service

2800 N Lincoln Blvd, OKC, OK 73105

Phone: 405-522-6139 Fax: 405-522-0756 Email: sherrie.davis@ag.ok.gov

I, _____, do hereby request permission of the Oklahoma
(Please Print Person Responsible)

Board of Agriculture to hold a Special Poultry Sale/Swap Meet at: _____

(Name and Location of Exhibition)

on, _____
(day of week, week of month – example = 3rd Thursday of every month, or date of special sale)

I understand all the poultry must meet the requirements specified in the Oklahoma Statutes and Rules and Regulations of the Oklahoma Board of Agriculture. I agree to be responsible for determining that all poultry meets sale requirements prior to entry into the sale facility/parking lot.

1. Out of state poultry currently participating in NPIP (National Poultry Improvement Plan) shall have a NPIP 9-3 form or a CVI (Certificate of Veterinary Inspection) indicating the flock NPIP # within 30 days of entry.
2. Out of state poultry 4 months of age and older not currently participating in NPIP shall have a CVI within 30 days of entry + Individual ID by leg/wing band + Negative Pullorum/Typhoid test within 90 days prior to entry.
3. Out of state poultry less than 4 months of age must originate from an NPIP flock and shall have a 9-3 form or a CVI indicating the flock NPIP # within 30 days of entry.
4. This permit is effective only for the above date(s) listed and will remain valid unless sale dates, ownership, or responsible party changes.

I agree to keep adequate records necessary to determine all sellers and buyers of avian species and will make these records available for inspection by any authorized agent of the Oklahoma Board of Agriculture upon request. Records of all sellers and buyers must include name, address and telephone numbers. These records will be maintained for a period of five (5) years. *IT IS NOT NECESSARY TO SUBMIT COPIES OF THESE RECORDS, UNLESS REQUESTED.*

THERE IS NO CHARGE FOR THIS PERMIT.

(Signature of Person Responsible)

(Address, Phone, Fax/email of Person Responsible)

Approved by: _____ Date: _____

September 16, 2025