



RENEWAL POULTRY FEEDING OPERATION (PFO) INVOICE

PFO ID#: _____

Official Use Section – Rev Code 531
Make checks payable to “ODAFF” OR if by Credit Card, Fees Apply

☐ **\$10 Annual Renewal** (due before 12/31 annually) Or ☐ **Cancel Registration** (*Contact your inspector for a closure inspection and be aware, all litter must be cleaned up and disposed of properly by 12/31 or renewal will still required.*)

1. Owner/Farm Information (based on information below, if different or blank, write over & update before returning)

Owner Name: _____
Last Name or Business Name First Name

Mailing Address: _____
Street City ST Zip

Phone#: _____ Email: _____

Integrator: _____

2. Annual Bird Information

Type of Birds (check all that apply): ☐ **Layer** ☐ **Broiler** ☐ **Pullet** ☐ **Other (specify):** _____

Current # of Houses: _____ **Current # of Birds:** _____ **Total # of Flocks for Current Year:** _____

3. Nutrient Management Plan (NMP)

Please verify your NMP is current based on the date of your NMP Cover Page.

(If expired or near the date, please submit an updated NMP, Letter of Intent, or an NMP renewal form which is available online at: <https://ag.ok.gov/divisions/agricultural-environmental-management/>.)

4. Education

All PFO Operators must maintain the required education as outlined in Title 2 Section 10-9.5(F)(1) In summary:

- New Applicators must complete the OSU Extension I-9 Course within the first year of certification
- Following first year, applicators must complete 2 hours per year for 5 consecutive years for a total of 10 hours
- After the first 6 years (19 hours), applicators must complete 2 hours for every 3-year cycle

The Department refers to the OSU Extension Office for verification of attendance for all training hours.

No submission is required at this time.

5. Signature

I certify under penalty of law this document was verified and updated under my direction or supervision by qualified personnel. Based upon my inquiry of the person or persons directly responsible for verifying or updating the data, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for knowingly submitting false, inaccurate, or incomplete information, including the possibility of a fine not more than ten thousand dollars for each violation.

Signature: _____ Date: _____

6. Due before December 31 - Mail invoice and payment to address above or e-mail form and call with credit card.