



**ANIMAL COMPOSTING REGISTRATION**  
**(Pursuant to 302 KAR 20:052)**

**1. General Information**

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- 1.1 Applicant Name \_\_\_\_\_ Telephone No. ( \_\_\_\_ ) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Registration No. \_\_\_\_\_
- 1.2 Location of Proposed Operation: Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
County \_\_\_\_\_ Nearest Named Stream \_\_\_\_\_

**2. Description of the Facilities**

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- 2.1 All animal composting facilities shall be subject to inspection at any time by the Kentucky Department of Agriculture (KDA), State Veterinarian or his/her representative.
- 2.3 Facility must meet or exceed the current U.K. Publication ID 166 and shall meet the requirements of the Kentucky Agriculture Water Quality Plan.

**3. Composting Procedures**

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- 3.1 Composting is an approved method of disposal of dead animals that have not been diagnosed with a Transmissible Spongiform Encephalopathy.
- 3.2 All ruminant animals may have the rumen and chest cavity vented before composting.
- 3.3 All commercial processing of dead animals needs to be completed within a registered facility.

**4. Applicant/Authorized Agent Signature**

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The undersigned, being first duly sworn, states that he/she has read all the information provided in Form KYSV-29, Animal Composting Application, of this application and has found it to be true and correct. The undersigned further acknowledges that any information provided or omitted herein for the purpose of defrauding or misleading the Kentucky Department of Agriculture or failure to maintain this criterion may result in forfeiture of registration and/or other actions deemed appropriate by the respective agencies.

Name of Applicant (whose signature appears below) \_\_\_\_\_

Applicant Company Name: \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_

Title of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_