



National Poultry Improvement Plan Application

| APPLICANT INFORMATION | | | | | |
|---|---------|-----------|------------------|-------------|-------|
| Name of Applicant | | | | | Phone |
| Farm Name (if applicable) | | | | | |
| Mailing Address | | | | | |
| Mailing City, State, Zip | | | | County | |
| Email | | | | | |
| FLOCK INFORMATION | | | | | |
| Flock Address (if different from mailing) | | | | | |
| Primary Purpose of Flock | | | | | |
| Please list number in your flock for each species applicable: | | | | | |
| Chickens | Turkeys | Waterfowl | Upland Gamebirds | Ratites | Other |
| | | | | | |
| PROGRAM PARTICIPATION | | | | | |
| <input type="checkbox"/> Salmonella Pullorum (Required) <input type="checkbox"/> Avian Influenza (Recommended) | | | | | |
| I agree to comply with the sanitation, testing, and recordkeeping requirements of the National Poultry Improvement Program. | | | | | |
| I agree to submit VS Form 9-3's for every shipment of poultry products sold or transferred out of the State of Kentucky. | | | | | |
| I agree to purchase poultry only from NPIP participants. | | | | | |
| I also understand that, as a participant, I may exhibit my birds in Kentucky and sell to other NPIP participants without further testing requirements. I may also ship interstate without further testing, depending on the state of destination. | | | | | |
| Signature of Applicant | | | | Date Signed | |

Send completed application to:

Kentucky Department of Agriculture
 Office of State Veterinarian
 109 Corporate Drive
 Frankfort, KY 40601