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| AH-PO-3-1.docx rev. 06/2020f | | | | | | | | | | | |
|  | Wisconsin Department of Agriculture,  Trade and Consumer Protection  *Division of Animal Health*  Lockbox 93178, MILWAUKEE, WI 53293-0178  Phone: 608-224-4872 Fax: 608-224-4871 | | | | | | **OFFICE USE ONLY** | | | | |
|  |  | | | | | | Date application received | |  | | |
|  |  | | | | | | Amount received | |  | | |
|  |  | | | | | | Check number | |  | | |
| **National Poultry Improvement Plan – Application** | | | | | | | | | | | |
| *Issued under the provisions of section ATCP 10.41, Wis. Admin. Code and 9 CFR 145* | | | | | | | | | | | |
| This application shall be used to apply for enrollment in the National Poultry Improvement Plan. The applicant with a breeder flock must conduct appropriate surveillance testing and complete a VS Form 9-2 report. **The test report must accompany this application.** Applicants applying for an affiliate flock (all birds purchased from an NPIP source) must include a copy of a VS form 9-3 or an invoice as proof that birds were purchased from NPIP sources. **The applicant must include a nonrefundable check payable to** *WDATCP – Division of Animal Health* **for the appropriate fee listed below. Sign and date page 2 of this application. Mail the completed application, check, and if applicable, the VS Form 9-2 test report and VS Form 9-3 and supporting documents to the above address.** | | | | | | | | | | | |
| **FLOCK OWNER INFORMATION:** (Individual or other legal entity – See instructions) | | | | | | | | | | | |
| LEGAL NAME OF APPLICANT: **LAST** | | **FIRST** | | **OR** | | NAME OF LEGAL ENTITY | | | | | |
| MAILING ADDRESS :STREET | | | | | CITY | | | | | STATE | ZIP |
| PRIMARY CONTACT FOR FLOCK: | | | CONTACT PHONE:  (       )       - | | | | | EMAIL: | | | |

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| **FLOCK INFORMATION:** | | | | |
| ADDRESS OF PREMISES WHERE FLOCK IS KEPT :STREET | | CITY | STATE | ZIP |
| **LIVESTOCK PREMISES CODE** | **COUNTY** | | | |

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| **APPLICANT FEE:** | | | |
|  | $40 | Flock owner does not hatch or collect eggs, and obtains stock solely from flocks enrolled in the national poultry improvement plan. | |
|  | $60 | Flock includes farm-raised game birds, the flock owner does not hatch or collect eggs, and the flock owner obtains stock solely from flocks enrolled in the national poultry improvement plan | |
| **Breeding flock or farm-raised game birds:** | | | |
|  | $40 | No more than 200 breeders or consists solely of specialty breeds, other than breeds commonly raised for meat or egg production, and the flock owner raises the birds primarily for exhibition. | |
|  | $80 | More than 200 but no more than 1,000 breeders | |
|  | $100 | More than 1,000 but no more than 5,000 breeders | |
|  | $200 | More than 5,000 but no more than 10,000 breeders | |
|  | $400 | More than 10,000 breeders | |
| **Total number of birds on premises:** | | |  |

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| **LIST THE FOLLOWING INFORMATION FOR EACH BIRD TESTED:** | | | | |
| **All Breeds or Strains Handled**  *(Indicate if Bantam or Standard)* | | | **Supplier of Purchased Birds or Eggs**  *(include copy of VS 9-3, if applicable)* | **Number of  Breeders** |
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| I agree, as provided in the plan, to:   * Comply with the NPIP rules and regulations outlined in the National Poultry Improvement Plan and Auxillary Provisions (www.poultryimprovement.org) and the Wisconsin Administrative Code s. ATCP 10.41. * Maintain acceptable hatchery and flock sanitation and allow department inspection, if necessary.   Records for the Wisconsin NPIP must be kept on a fiscal year basis (July 1 – June 30 of following year) for 5 years. This application, test reports, records of purchases (if an affiliate flock) and fees must reach this office before a certificate will be issued. | | |
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| APPLICANT SIGNATURE | TITLE *(if applicable)* | DATE |

Personal information you provide may be used for purposes other than that for which it was originally collected *(s. 15.04(1)(m)Wis. Stats.).*

An Equal Opportunity Employer