



State of Maryland
APPLICATION FOR PERMIT TO SELL LIVE
POULTRY, HATCHING EGGS AND/OR OPERATE
A POULTRY HATCHERY IN MARYLAND
 By Authority of COMAR 15.11.11.04, Md. AG Code Ann. § 10-602



Premises ID: _____

NAME OF OWNER/MANAGER:	PHYSICAL ADDRESS WHERE POULTRY ARE HELD:
WORK PHONE: HOME PHONE: CELL PHONE NUMBER:	MAILING ADDRESS, IF DIFFERENT:
	EMAIL:
TYPE OF POULTRY BUSINESS (check all that apply): <input type="checkbox"/> Sell Live Poultry and/or Hatching Eggs <input type="checkbox"/> Operate a Hatchery (incubators, hatchers, and auxiliary equipment on one premises operated for the hatching or incubation of hatching eggs) <input type="checkbox"/> Dealer (small market, auction market operator, feed store) <input type="checkbox"/> Other _____	SOURCE(s) OF HATCHING EGGS or POULTRY (list):
APPROXIMATE NUMBER OF BIRDS (ENTER NUMBER AFTER EACH TYPE): Chickens#_ _____ Turkeys#_ _____ Waterfowl# _____ Game birds# _____ Ratites# _____ Other: Type: _____ # _____ Other: Type: _____ # _____ Other: Type: _____ # _____	
Are you a current participant in the National Poultry Improvement Plan (NPIP)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your NPIP number? _____ Please check all that apply: <input type="checkbox"/> National Plan Hatchery <input type="checkbox"/> National Plan Dealer <input type="checkbox"/> U.S. Pullorum-Typhoid Clean <input type="checkbox"/> U.S. H5/H7 Avian Influenza Clean <input type="checkbox"/> Other NPIP Program Disease(s) _____ Last Whole Flock Pullorum-Typhoid Test: Date _____ : # tested _____ Results _____ Last Whole Flock Avian Influenza Test: Date _____ # Tested _____ Results _____	
IT IS AGREED THAT IF APPROVAL IS GRANTED, ALL PROVISIONS OF APPLICABLE MARYLAND REGULATIONS WILL BE FOLLOWED: _____ SIGNATURE OF APPLICANT DATE	
FOR OFFICIAL USE ONLY: FLOCK TEST RECORDS CHECKED <input type="checkbox"/> FLOCK AND HATCHERY INSPECTIONS COMPLETED AND PASSED <input type="checkbox"/>	
APPROVED: YES NO <input type="checkbox"/>	NPIP COORDINATOR SIGNATURE
DATE	
MDA Permit Number	
Please return completed form to : Maryland Department of Agriculture, Animal Health Program 50 Harry S. Truman Parkway, Annapolis, MD 21401 or email to: npip.md@maryland.gov	