



**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:	MAILING ADDRESS, IF DIFFERENT:
HOME PHONE:	
CELL PHONE NUMBER:	
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 <span style="float:right">DATE</span>	
FOR OFFICIAL USE ONLY: FLOCK TEST RECORDS CHECKED <input type="checkbox"/> FLOCK AND HATCHERY INSPECTIONS COMPLETED AND PASSED <input type="checkbox"/>	
APPROVED: YES <input type="checkbox"/> NO <input type="checkbox"/>	NPIP COORDINATOR SIGNATURE
DATE	
<b>MDA Permit Number</b>	
<b>Please return completed form to : Maryland Department of Agriculture, Animal Health Program</b> <b>50 Harry S. Truman Parkway, Annapolis, MD 21401</b> <b>or email to: <a href="mailto:npip.md@maryland.gov">npip.md@maryland.gov</a></b>	



**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  
# \_\_\_\_\_