



Maryland
Department of Agriculture

Food Quality Assurance Program
Remit payment to: P O Box 17304, Baltimore, MD 21297-1304
FEDEX Address: LOCKBOX (17304)
Mac Y1372-045, 401 Market Street Philadelphia, PA 19106
410-841-5769 FAX 410-841-2750

PCA 23203 OBJ 7647

Date Recd _____

Amount Recd _____

Approved _____

Approval Date _____

On Farm Poultry/Rabbit Processing Certification Renewal Application
Authority: Agriculture Article, §§10-601 *et seq.*, Annotated Code of Maryland

DUE JUNE 30, 2025 Annual Fee: \$75.00

Your certificate to slaughter/process poultry and or rabbits expires on:

Name and Mailing Address		Location Address
Owner Name:		County:
Telephone Number:	Cell Phone:	Email:
Types, numbers of farm products and proposed slaughter dates:		
Type	Estimate of annual number slaughtered	Proposed Slaughter Dates
Chickens		
Turkeys		
Domestic Duck		
Domestic Geese		
Other Poultry Please indicate type		
Rabbits		

Date Poultry/Rabbit Slaughter Class Taken:

Farmers having their animals (swine, goats, cattle, or sheep) slaughtered in a USDA inspected plant and storing it on their farm are not required to get a separate "On Farm Home Processing License" from MDH for this storage if they are in MDA's Poultry and Rabbit Processing program. If you are storing meat on your farm and want MDA to inspect your storage instead of the obtaining the MDH license, please complete the following section:

Species slaughtered at USDA inspected facility: _____

USDA Inspected facility name and plant number: _____

Compliance with MDE's regulations for waste water is a condition of approving your certification. Please indicate how you comply: ☐ MDE approved land application exemption ☐ MDE approved discharge permit ☐ approved septic system ☐ Other (explain):

Attach a sample of all labels you plan to use on product for approval – Not required if we have previously approved your label and there are no changes.

If you are registered with MDA to sell eggs, your MD number for poultry and/or rabbits will be the same. Please indicate your MD number _____

Applicant Statement:

I solemnly affirm that the information I have provided in this application is true and correct and that I have read and agreed to abide by MDA's Certification Program requirements. I understand that if my application is approved, I will be considered an approved source by the Department of Health and Mental Hygiene and permitted to sell intrastate the farm products noted in my application provided, however, I comply with MDA's program requirements including, but not limited to USDA/FSIS inspection exempt requirements. I also understand that such approval does not indicate that the activities covered by this application comply with other applicable federal, state, or local laws. In addition, I understand that such approval may be revoked if I fail to comply with MDA's program requirements listed on the reverse side of this application or other applicable federal, state, or local laws.

Applicant Signature: _____

Date: _____

Applicant Title: _____

Revised 5/5/24