

# Independent Flock Owners Application and Agreement for Participation in the National Poultry Improvement Plan

|                  |           |
|------------------|-----------|
| Office Use Only  |           |
| Rcpt. # _____    | Amt _____ |
| AGN # _____      | Exp _____ |
| Issue Date _____ | By _____  |

Check One:  New  Renewal

County: \_\_\_\_\_

Current NPIP # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of premise: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ FAX No.: \_\_\_\_\_

**FLOCK INFORMATION – CHECK ALL THAT APPLY:**

Chickens  Waterfowl  Turkeys  Upland Game Birds

**BREED CODES TO BE LISTED IN THE NPIP DIRECTORY:** \_\_\_\_\_

**HATCHERY INFORMATION:**

Do you own an incubator which you use for hatching eggs on your premise?  Yes  No

Do you supply eggs to a hatchery?  Yes  No

If yes, hatchery name: \_\_\_\_\_

**TEST INFORMATION:**

Total number of poultry owned over the age of four months \_\_\_\_\_ under four months \_\_\_\_\_

Date of last Pullorum-Typhoid test: \_\_\_\_\_ Tested by: \_\_\_\_\_

(Please attach white copy of test report VS 9-2 to this form)

**FLOCK OWNER AGREEMENT:**

I agree to comply with the provisions of the NPIP and the Poultry Regulations of the State Board of Agriculture which include but are not limited to the following requirements. By my signature below I agree to:

- Participate with all poultry three months of age or older by testing poultry as required. Flock (poultry three months of age or older) must be tested once every twelve months.  
 Test requirements based on number of years of uninterrupted participation in NPIP.  
Certification will expire one (1) year from the last day of month test was performed.

Check the status you are applying for:

- |                     |  |
|---------------------|--|
| _____ BRONZE EMBLEM | Less than 5 years in NPIP program, must test 100% or 300 birds maximum       |
| _____ SILVER EMBLEM | 5-9 years in NPIP program, must test 50% or 100 birds maximum                |
| _____ GOLD EMBLEM   | 10-19 years in NPIP program, must test 25% of primary breeding stock         |
| _____ ELITE EMBLEM  | 20-plus years in NPIP program, no test required but 15% will be check tested |

- Have a copy of the official test reports on file in the State office.
- Purchase poultry only from Pullorum-Typhoid clean sources; or if not from a Pullorum-Typhoid clean source, they must be tested prior to introduction into existing flock.
- Keep NPIP flock segregated from other poultry.
- Allow a State Poultry Inspector to inspect premises and check test a percentage of the flock.
- Remit a \$5.00 flock fee with each annual application and test (if test is required).

I understand that upon meeting these requirements, I will be issued an NPIP Flock Certificate certifying my flock to be Pullorum-Typhoid clean.

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Please send your test report and \$5.00 annual fee with this application to: ODAFF – AIS, PO Box 528804, OKC, OK 73152-8804