

**VOLUNTARY REGISTRATION TO SLAUGHTER AND PROCESS
POULTRY UNDER AN EXEMPTION**



No renewals will be necessary.
You may update your information as needed.

GENERAL DATA

- A. Name: _____
- B. Location of Poultry: _____ / _____ / _____ / _____
Route, Box, or Street Address City State Zip County
- C. Mailing Address if different than above: _____ / _____ / _____ / _____
Street or P. O. Box Number City State Zip County
- D. Cell Telephone Number: _____ Home Telephone Number: _____ Fax Number: _____ Email: _____
- E. Exemption Requested (Only one exemption can be used during a calendar year):
- I intend to sell 1,000 poultry or less per calendar year.
- I intend to sell more than 1,000 but less than 20,000 poultry per calendar year.
- F. Assistance Requested:
- I am requesting assistance with preparing a label for my packages of exempted poultry products.
- I am requesting advice regarding slaughter and processing of poultry.
- None

You must maintain records for 2 years reflecting slaughter and sales of poultry.

I (we) expressly agree to conform strictly to the Code of West Virginia, Chapter 19, Article 2B, Inspection of Meat and Poultry, and the rules regarding poultry exemptions promulgated thereunder by the West Virginia Department of Agriculture. I (we) certify that all statements made herein are true to the best of my knowledge and belief.

DATE OF APPLICATION

PRINTED NAME OF PERSON
SIGNING APPLICATION

SIGNATURE OF AUTHORIZED PERSON
MAKING THIS APPLICATION

FOR WVDA USE ONLY

Date Registration Received: _____

Director's Approval: _____

Registration Number: _____

STATEMENT OF POLICY REGARDING EQUAL OPPORTUNITY AND PARTICIPATION IN PROGRAMS -
It is the policy of the West Virginia Department of Agriculture to provide its services and programs to all persons without regard to sex, race, color, age, religion, national origin, or handicap.