

AVIAN EXHIBITION PERMIT and SPECIAL SALE PERMIT

Oklahoma Department of Agriculture, Animal Industry Service, PO Box 528804, OKC, OK 73152
Phone: 405-522-6139 Fax: 405-522-0756 Email: sherrie.davis@ag.ok.gov

I, _____ do hereby request permission of the Oklahoma Board of Agriculture to hold
(Please Print Person Responsible)
an exhibition or special sale at: _____

(Name and Location of Exhibition)
on, _____
(date)

I understand all of the poultry must meet the requirements specified in the Oklahoma Statutes and Rules and Regulations of the Oklahoma Board of Agriculture. I agree to be responsible for determining that all poultry meet exhibition requirements prior to entry into the exhibition/sale facility/parking lot.

- 1. Any Poultry being exhibited or sold in Oklahoma shall be free of visible evidence of disease.**
- 2. Have passed a negative test for Pullorum/Typhoid within ninety (90) days prior to exhibition, shall be identified by an official leg or wing band or**
- 3. Have originated from a flock with a current NPIP Flock Certification (not required to be identified by official leg or wing band).**
- 4. Out of state poultry shall also have a NPIP 9-3 form or an official health certificate.**
- 5. Application of official leg or wing bands shall not be required for birds tested on the exhibition premises for specific event. Birds tested and not identified with an official leg or wing band shall be tested prior to entering any future exhibitions or sales.**
- 6. All sellers shall be a current NPIP Certified Flock Owner. All change of ownership requires a new NPIP 9-3 form listing buyer and seller details.**

I agree to keep adequate records necessary to determine all participants (exhibitors, buyers, and/or sellers) of avian that are exhibited, in the sale, or parking lot and will make these records available for inspection by any authorized agent of the Oklahoma Board of Agriculture upon request. Records of all exhibitors, buyers, and/or sellers must include name, address and telephone numbers. These records will be maintained for a period of one (1) year following the conclusion of the events permitted by this application. *IT IS NOT NECESSARY TO SUBMIT COPIES OF THESE RECORDS, UNLESS REQUESTED. THERE IS NO CHARGE FOR THIS PERMIT*

(State Certified Tester, if yes indicate tester's name) _____
(Signature of Person Responsible)

(Address, Phone, Fax/email of Person Responsible)

Approved by: _____

Date: _____