

Last Inspection Date: \_\_\_\_\_  
Inspector: \_\_\_\_\_  
Issue Date: \_\_\_\_\_  
License No.: \_\_\_\_\_  
AGN No.: \_\_\_\_\_  
Initials: \_\_\_\_\_

**Oklahoma Department of Agriculture, Food & Forestry  
Animal Industry Services, Poultry Division  
PO Box 528804, Oklahoma City, Oklahoma 73152-8804  
405-522-6139  
FAX 405-522-0756**

**NPIP APPROVED HATCHERY APPLICATION**

Check one:  New  Renewal

Hatchery Name: \_\_\_\_\_ Manager: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
County: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Hatchery Phone: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

**Type of Ownership:**  Individual  Partnership  Corporation

Normal Operating Hours of Hatchery:  
No. of Hours per day: \_\_\_\_\_ No. of Days per week: \_\_\_\_\_ No. of Months per year: \_\_\_\_\_

Quantity	Make	Model	Egg Capacity (each)	Egg Capacity (total)

Total Egg Capacity (all incubators) \_\_\_\_\_

Types of Eggs Hatched:  
 Chickens  Turkeys  Upland Gamebirds  Waterfowl

Indicate the breed codes, with names, you wish to have listed in the NPIP directory: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, agree to hatch only eggs from Pullorum-Typhoid Clean sources and hereby certify that all statements made herein are true and correct, to the best of my knowledge, and as operator or manager of the above hatchery will comply with the State laws, rules and regulations now in effect, and others that might become effective later, and that, to the best of my knowledge, I have complied with all provisions of the poultry laws and regulations promulgated thereto.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**MAIL TO ADDRESS AT TOP OF APPLICATION**

**NOTE: No permit will be issued until:**

- 1. Hatchery is inspected and approved.**
- 2. Both sides of the application must be completed and approved.**

