



State of Connecticut
 Department of Agriculture
 Bureau of Regulatory Services
 450 Columbus Boulevard, Suite 702
 Hartford, CT 06103

Reg. # PDF - _____

New (No Fee)

Licensing (860) 713-2512

Poultry Mortality Disposal Registration Application

I/we raise 1,000 or more poultry and hereby register a Poultry Mortality Disposal Facility subject to the provisions of Section 22-324a et seq. of the Connecticut General Statutes. **The registration period shall be from April 1st to March 31st, inclusive** All registrations expire on March 31st of each year. **Registration is non-transferable.** New facilities subject to inspection prior to approval.

RENEWAL APPLICATION FORM MUST BE RECEIVED ON OR BEFORE APRIL 1st.

NOTE: New registrations and registration renewal applications cannot be processed if the application is incomplete, and/or the Federal Employer Identification Number or Social Security Number is not provided. Incomplete applications will be returned for completion and resubmission. Applications must be mailed.

PLEASE PRINT OR TYPE	Federal Employer Identification Number: _____	OR	Social Security Number: _____
TYPE OF BUSINESS (check all that apply)			
<input type="checkbox"/> Egg Laying Bird <input type="checkbox"/> Meat Type Birds <input type="checkbox"/> Breeding Flock <input type="checkbox"/> Game Birds Raised for Release			
MORTALITY DISPOSAL SYSTEM			
*Note: New applications will not be approved until disposal site inspected and, disposal plan approved and on file. Attach disposal description and site sketch indicating location of onsite disposal, if new application.			
<input type="checkbox"/> Composted Onsite <input type="checkbox"/> Incinerated Onsite (approved incinerator) <input type="checkbox"/> Commercial Trash Removal Service <input type="checkbox"/> Other _____			
BUSINESS NAME			
TELEPHONE NUMBER FAX E-MAIL			
PHYSICAL BUSINESS ADDRESS			
MAILING ADDRESS (if different from above)			
Physical location of production unit to be registered.			

Check One Box:

SOLE PROPRIETOR/INDIVIDUAL PARTNERSHIP L.L.C. CORPORATION

Name of Establishment Owner, CEO, President, Most Responsible Person
NAMES OF PARTNERS, L.L.C. MEMBERS OR CORPORATION OFFICERS
Name of the person upon whom process may be served
The undersigned applicant states that all of the information contained herein is true and accurate to the best of his/her knowledge.
(Print Name of Applicant) (Signature of Applicant) (Title) (Date)

AREA BELOW FOR OFFICE USE ONLY:

Agency Approval (initial application only) <input type="checkbox"/> Has satisfactory disposal plan and facilities. Insp. Initials			
		DATE PROCESSED	REGISTRATION EXPIRATION
			March 31, 2020