



## National Poultry Improvement Plan Application

APPLICANT INFORMATION					
Name of Applicant					Phone
Farm Name (if applicable)					
Mailing Address					
Mailing City, State, Zip				County	
Email					
FLOCK INFORMATION					
Flock Address (if different from mailing)					
Primary Purpose of Flock					
<b>Please list number in your flock for each species applicable:</b>					
<b>Chickens</b>	<b>Turkeys</b>	<b>Waterfowl</b>	<b>Upland Gamebirds</b>	<b>Ratites</b>	<b>Other</b>
PROGRAM PARTICIPATION					
<input type="checkbox"/> Salmonella Pullorum (Required) <input type="checkbox"/> Avian Influenza (Recommended)					
I agree to comply with the sanitation, testing, and record keeping requirements of the National Poultry Improvement Program.					
I agree to submit VS Form 9-3's for every shipment of poultry products sold or transferred out of the state of Kentucky.					
I agree to purchase poultry only from NPIP participants.					
I also understand that, as a participant, I may exhibit my birds in Kentucky and sell to other NPIP participants without further testing requirements. I may also ship interstate without further testing, depending on the state of destination.					
Signature of Applicant				Date Signed	

Send completed application to:

**Kentucky Department of Agriculture**  
**Office of the State Veterinarian**  
**109 Corporate Drive**  
**Frankfort KY 40601**