



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: _____
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TYPE OF BUSINESS (check all that apply)

Egg Laying Bird Meat Type Birds Breeding Flock 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.

Composted Onsite Incinerated Onsite (approved incinerator) Commercial Trash Removal Service 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) Has satisfactory disposal plan and facilities. Insp. Initials

		DATE PROCESSED		REGISTRATION EXPIRATION
				March 31, 2018