

GEORGIA POULTRY IMPROVEMENT ASSOCIATION
GEORGIA POULTRY LABORATORY NETWORK
P.O. BOX 20
OAKWOOD, GEORGIA 30566

DO NOT WRITE IN THIS SPACE

GA APPROVAL # _____

DATE ISSUED _____

EXPIRATION _____

APPROVED BY _____

GEORGIA APPROVAL NUMBER APPLICATION

Required to ship hatching eggs, chicks, poults and breeding stock into Georgia

Company: _____

Owner or Operator: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Please **circle** or **write** answers to questions below.

1. Classification: Hatchery owner, Flock Owner, or Dealer
2. NPIP participant: Yes or No. If yes, NPIP # _____
3. Product: eggs, chicks, poults, or breeding stock
4. Pullorum-Typhoid Clean? Yes or No
5. Type of Pullorum test conducted? Plate or Tube
6. Test or sample collection by an Authorized Testing Agent? Yes or No
Agency of Authorized Testing Agent _____
7. All breeder flocks banded? Yes or No
8. Pullorum retests performed? Yes or No. At what intervals? _____
9. Infectious or contagious disease reported in any supply flocks within the past 30 days? Yes or No
10. Preferred method of communication? Mail, Fax, or Email

Owner or Operator Signature: _____ **Date:** _____

INSTRUCTIONS FOR SUBMITTING FORMS FOR GEORGIA APPROVAL NUMBERS

NPIP PARTICIPANTS

Forward this completed application to the State **NPIP OFFICIAL** for certification. The form will then be mailed to **Georgia Poultry Laboratory, P. O. Box 20, Oakwood, Georgia 30566.**

CERTIFICATION OF NPIP OFFICIAL

This is to certify that the above named applicant is participating in the NPIP, and all supply flocks of this applicant have met the Pullorum classification listed.

Signature of NPIP Official: _____ Date: _____

NON-NPIP PARTICIPANTS

Below list the owners and information of all supply flocks (including your own). Forward this completed application to the State **LIVESTOCK SANITARY OFFICIAL** for certification. The form will then be mailed to **Georgia Poultry Laboratory, P. O. Box 20, Oakwood, Georgia 30566.**

Applicants NOT PARTICIPATING in National Poultry Improvement Plan (NPIP)

Name	Address	Breed	Bird #’s	Pullorum Test Date	% Reactors

CERTIFICATION OF LIVESTOCK SANITARY OFFICIAL

This is to certify that all flocks listed on this application meet the minimum State requirements for poultry sanitation and disease control. These flocks have been tested to the Pullorum as indicated.

Signature of State Livestock Sanitary Official: _____ Date _____

Title: _____