



State of Maryland
APPLICATION FOR PERMIT
TO SELL LIVE POULTRY, HATCHING EGGS AND/OR
OPERATE A POULTRY HATCHERY IN MARYLAND
By Authority of COMAR 15.11.11.04, Md. AG Code Ann. § 10-602



PREMISES ID

NAME OF OWNER/MANAGER:	PHYSICAL ADDRESS WHERE POULTRY ARE HELD:
WORK PHONE: HOME PHONE: CELL PHONE NUMBER:	MAILING ADDRESS, IF DIFFERENT: EMAIL:
TYPE OF POULTRY BUSINESS (check all that apply): ☐ Sell Live Poultry and/or Hatching Eggs ☐ Operate a Hatchery (incubators, hatchers, and auxiliary equipment on one premises operated for the hatching or incubation of hatching eggs) ☐ Dealer (small market, auction market operator, feed store) ☐ Other _____	SOURCE(s) OF HATCHING EGGS or POULTRY (list):
APPROXIMATE NUMBER OF BIRDS (ENTER NUMBER AFTER EACH TYPE): Chickens# _____ Turkeys# _____ Waterfowl# _____ Game birds# _____ Ratites# _____ Other: Type: _____ # _____ Other: Type: _____ # _____ Other: Type: _____ # _____	
Are you a current participant in the National Poultry Improvement Plan (NPIP)? ☐ Yes ☐ No If yes, what is your NPIP number? _____ Please check all that apply: ☐ National Plan Hatchery ☐ National Plan Dealer ☐ U.S. Pullorum-Typhoid Clean ☐ U.S. H5/H7 Avian Influenza Clean ☐ Other NPIP Program Disease(s) _____ Last Whole Flock Pullorum-Typhoid Test: Date _____ : # tested _____ Results _____ Last Whole Flock Avian Influenza Test: Date _____ # Tested _____ Results _____	
IT IS AGREED THAT IF APPROVAL IS GRANTED, ALL PROVISIONS OF APPLICABLE MARYLAND REGULATIONS WILL BE FOLLOWED: SIGNATURE OF APPLICANT _____ DATE _____	
FOR OFFICIAL USE ONLY: FLOCK TEST RECORDS CHECKED ☐ FLOCK AND HATCHERY INSPECTIONS COMPLETED AND PASSED ☐	
APPROVED: YES ☐ NO ☐	NPIP COORDINATOR SIGNATURE _____ DATE _____
MDA Permit Number	
Please return completed form to : Maryland Department of Agriculture, Animal Health Program 50 Harry S. Truman Parkway, Annapolis, MD 21401 or email to: npip.md@maryland.gov	



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