

**MISSISSIPPI DEPARTMENT OF AGRICULTURE AND COMMERCE**  
**Meat Inspection Division, P.O. Box 1609, Jackson, MS 39215-1609**  
**(601) 359-1191 Dr. Hope B. Martin, Director Hope@mdac.ms.gov**

APPLICATION for REGISTRATION under Poultry Exemptions provided by Miss. Code Ann. §75-33-3(4)

1. Company Name \_\_\_\_\_

2. Mailing address including zip code \_\_\_\_\_

3. Telephone \_\_\_\_\_ Email \_\_\_\_\_

4. Company website \_\_\_\_\_

5. Name of Owner(s) \_\_\_\_\_

6. Mailing address including zip code \_\_\_\_\_

7. Telephone home \_\_\_\_\_ cellular \_\_\_\_\_

8. Location of any establishment and facilities used in connection with this business.

\_\_\_\_\_

9. Location of any records produced by this business that are needed to verify compliance with poultry exemption. \_\_\_\_\_

10. What months do you plan to produce exempted poultry \_\_\_\_\_?

11. Estimated number of poultry slaughtered annually:

Chickens \_\_\_\_\_ turkeys \_\_\_\_\_ quail \_\_\_\_\_ other \_\_\_\_\_

12. Do you plan to home deliver? \_\_\_\_\_ If yes, list addresses on separate sheet.

13. Do you have a refrigerated vehicle approved for home delivery? \_\_\_\_\_

**Enclose recent photographs of slaughter and processing site(s) and copies of label(s).**

I, the undersigned, do hereby state on oath that the facts set forth in the foregoing application are true and correct.

Signed \_\_\_\_\_ date \_\_\_\_\_