



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 1<sup>st</sup> to March 31<sup>st</sup>, 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 1<sup>st</sup>.**

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: _____ |
| TYPE OF BUSINESS (check all that apply)                                                                                                                                                                                     |                                               |    |                               |
| <input type="checkbox"/> Egg Laying Bird <input type="checkbox"/> Meat Type Birds <input type="checkbox"/> Breeding Flock <input type="checkbox"/> 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. |                                               |    |                               |
| <input type="checkbox"/> Composted Onsite <input type="checkbox"/> Incinerated Onsite (approved incinerator) <input type="checkbox"/> Commercial Trash Removal Service <input type="checkbox"/> 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) <input type="checkbox"/> Has satisfactory disposal plan and facilities. Insp. Initials |  |                |                         |
|                                                                                                                                   |  | DATE PROCESSED | REGISTRATION EXPIRATION |
|                                                                                                                                   |  |                | March 31, 2018          |