



STATE OF NEW YORK
 DEPARTMENT OF AGRICULTURE AND MARKETS
 DIVISION OF ANIMAL INDUSTRY
 10B AIRLINE DRIVE
 ALBANY, NY 12235



**APPLICATION AND AGREEMENT FOR PARTICIPATION
 IN THE
 NYS DEPARTMENT OF AGRICULTURE AND MARKETS
 PULLORUM-TYPHOID CONTROL AND ERADICATION PROGRAM**

It shall be understood by the person entering into this agreement that the State of New York shall not be held responsible for damage of any sort, kind or description resulting out of the execution of this agreement. The agreement shall be deemed executory only to the extent of the money available.

I hereby request that my flock(s) and/or hatchery described in this application be accepted for the control and eradication of pullorum-typhoid disease and the required blood tests and other necessary inspection to be carried out by an official agent in compliance with the program Rules and Regulations set forth in Parts 145 and 147 of Volume 9 of the Code of Federal Regulations. (Rules and Regulations may be obtained from the Department of Agriculture and Markets on request).

Please review information below and make any necessary changes. Fill in the blanks marked by asterisk ().**

New Applicant? Yes ___ No ___ NPIP Approval #. _____ Federal Identification (PIN) # _____

Flock Owner _____ Farm Name _____

Flock Address _____

City _____ State _____ Zip _____

Phone (_____) _____ County _____

E-Mail Address _____

***Desired Test Date _____ *** Flock size _____

I AGREE:

1. To blood test up to 300 poultry on the premises more than four months of age and to identify all birds in a manner that is acceptable to the state agency.
2. To allow on my premises, or in my hatchery only poultry or poultry products having a New York State Pullorum-Typhoid Clean Flock Classification or its equivalent.
3. To supply the necessary assistance to the official agency in carrying out the required testing and inspections.
4. To isolate all reactors and retest in 30 days or submit up to five reactors for bacteriological exam.

 SIGNATURE

 DATE