

STATE OF NEW YORK  
DEPARTMENT OF AGRICULTURE AND MARKETS  
DIVISION OF ANIMAL INDUSTRY  
10B AIRLINE DRIVE  
ALBANY, NY 12235  
www.agriculture.ny.gov



**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 at the Department of Agriculture and Markets by request or at the website listed above).

**Renewal applicants, please review information below and make any necessary changes:**

**New Applicant?** Yes \_\_\_ No \_\_\_      NPIP Approval #. \_\_\_\_\_      Premises Identification # \_\_\_\_\_

Flock Owner \_\_\_\_\_ Farm Name \_\_\_\_\_

Flock Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ and/or Cell # (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ County \_\_\_\_\_

Desired Test Date \_\_\_\_\_ Number of birds in flock over four months old \_\_\_\_\_

**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