



MEAT / POULTRY DEALER REGISTRATION

State Form 48829 (R2 / 12-11)

DIVISION OF MEAT & POULTRY INDIANA STATE BOARD OF ANIMAL HEALTH

Discovery Hall
1202 East 38th Street, Suite 100
Indianapolis, Indiana 46205-2807
Telephone number: (317) 544-2400
Fax number: (317) 974-2011

INSTRUCTIONS: Complete both copies of this form. Send the original copy to the address shown in upper right corner. Keep the second copy for your records.

NOTICE OF REGISTRATION BY STATE

Registration number	Date of registration (<i>month, day, year</i>)
Signature of State Official	Date signed (<i>month, day, year</i>)
Printed name of State Official	Title of State Official

REGISTRANT INFORMATION

Name of registrant

Address of registrant (*number and street, city, state, and ZIP code*)

FORM OF ORGANIZATION

Please check only one.

Individually owned Partnership Corporation or LLC chartered in State of _____

Cooperative Association Other (*please specify*) _____

NATURE OF BUSINESS

A. POULTRY OR POULTRY PRODUCTS dealers, etc. (*please check as appropriate*)

Are you engaged in business (in or for commerce *) as a poultry products broker, renderer, or animal food manufacturer; or do you engage in business in commerce as a wholesaler of any carcasses, or parts or products of carcasses, of any poultry, whether intended for human food or other purposes; or do you engage in business as a public warehouseman storing any such articles in or for commerce?

Yes No

Are you engaged in the business of buying, selling, or transporting in commerce, or importing, any dead, dying, disabled, or diseased poultry, or parts of the carcasses of any poultry that died otherwise than by slaughter?

Yes No

B. MEAT OR MEAT PRODUCTS dealers, etc. (*please check as appropriate*)

Are you engaged in business (in or for commerce *) as a meat broker, renderer, or animal food manufacturer; or are you engaged in business in commerce as a wholesaler of any carcasses, or parts or products of carcasses, of any cattle, sheep, swine, goats, horses, mules, or equines, whether intended for human food or other purposes; or are you engaged in business as a public warehouseman storing any such articles in or for commerce?

Yes No

Are you engaged in the business of buying, selling, or transporting in commerce, or importing, any dead, dying, disabled, or diseased animals of the kinds specified in Item B (1) above, or parts of the carcasses of any such animals that died otherwise than by slaughter?

Yes No

* The term "Commerce" means commerce within the State of Indiana.

If the answer to any of the questions above is "Yes", complete the following:

Name of your firm

Address of your firm (*number and street, city, state, and ZIP code*)

Address(es) of subsidiaries, branches, or divisions of your organization which engage in business of the type identified above. Include trade or other names if different from your organization. (*If none, so state.*)

Describe the general nature of your own business. Also describe separately the nature of the business of your subsidiaries, if any, if this is different from that of parent firm.

Remarks

CERTIFICATION BY FIRM

Signature	Name (<i>please print or type</i>)	Title	Date (<i>month, day, year</i>)
-----------	--------------------------------------	-------	----------------------------------

NOTICE TO POULTRY AND MEAT HANDLERS

Every person engaged in business in Indiana as a broker, renderer, animal food manufacturer, or wholesaler or public warehouseman of livestock products or poultry products, or engaged in the business of buying, selling or transporting in commerce, any dead, dying, disabled or diseased livestock or poultry or parts of the carcasses of any such animals (including poultry) that died otherwise than by slaughter shall register with the Indiana State Board of Animal Health the name and the address of each place of business and all trade names under which he or she conducts such business. IC 15-17-5-5(7), 345 IAC 9-2.1-1 and 9 CFR 320. The registration form on the reverse side is provided for this purpose.

When a change is made in the name, including trade name, or address of the place or places where you do business or if you cease operation, please report such changes within fifteen (15) days to the Indiana State Board of Animal Health, Division of Meat and Poultry.

When necessary to add additional information, use the space below and reference the remarks to the item number.

The completed form is to be returned to the:

DIVISION OF MEAT AND POULTRY
INDIANA STATE BOARD OF ANIMAL HEALTH
Discovery Hall
1202 East 38th Street, Suite 100
Indianapolis, IN 46205-2807