



POULTRY DEALER PERMIT APPLICATION
 NORTH DAKOTA DEPARTMENT OF AGRICULTURE
 BOARD OF ANIMAL HEALTH
 SFN 62614 (3-2025)

Business Name			ND LID	
Mailing Address		City	State	ZIP Code
Physical Address		City	State	ZIP Code
NPIP Number	County	Business Phone Number	Business Fax Number	
Primary Contact		Title		
Telephone Number	Email Address			
Other Contact		Title		
Telephone Number	Email Address			

1. List source(s) from which you obtain poultry, including contact information and type of poultry offered.
 (use reverse side if more space is needed)

Source Company Name	Address, City, State, ZIP Code	Phone Number	Type of Poultry Supplied

2. Poultry are offered for sale during _____ (Month) to _____ (Month)

3. Do you anticipate this facility may sell poultry to out-state buyers? Yes No

4. Indicate how you would like your permit sent? Mail Email

I am familiar with and agree to comply with the North Dakota Board of Animal health Rules that pertain to poultry dealers. The information listed is correct to the best of my knowledge.

Signature	Date
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For Staff Use Only

<p>REPORT OF SALES</p> <p>Available for review <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fill out properly <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Submitted in timely fashion <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>IF ALTERNATE METHOD USED</p> <p>Reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Satisfactory <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Number of 9-3 or Intrastate Booklets Issued <input type="text"/></p>
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