



**PRODUCER GROWER 1,000
REGISTRATION APPLICATION**
NORTH DAKOTA DEPARTMENT OF AGRICULTURE
MEAT INSPECTION PROGRAM
SFN 62334 (6-2023)

North Dakota Department of Agriculture
Meat Inspection Program
600 E Boulevard Ave Dept 602
Bismarck ND 58505-0020
Phone 701-328-4762
Fax 701-328-4567

Section I Registration renewal due July 1 annually

Name(s)						
Name of Establishment			Date	Email Address		
Establishment Address			City	State	ZIP Code	
Mailing Address (if different)			City	State	ZIP Code	
Telephone Number		Other Telephone Number				Specify Type: <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell Phone

Section II

Type of Organization
 Sole Ownership Partnership Corporation Co-op

List names and addresses of other responsible parties. Include owners, partners, directors, managers, etc. Notify the Bismarck office of any changes.

Name	Title	Address	City	State	ZIP Code

Enter the name of each person listed above who has been convicted in any Federal or State Court of any felony or if they have been convicted of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distribution of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction, and the court in which convicted. If none, write none.

Section III

NONDISCRIMINATION STATEMENT: In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, and disability. To file a complaint of discrimination, write USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (866) 632-9992 (toll free), (866) 377-9642 (federal relay).

AGREEMENT: If an exemption is granted under this application, I expressly agree to conform strictly to all State and Federal Regulations and orders pertaining to meat inspection and I consent to inspections that take place at reasonable times, are within reasonable limits and in a reasonable manner. I certify that all statements made herein are true to the best of my knowledge and belief.

Signature	Title	Date
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Section IV (State Office Use Only)

Date Exemption Granted	Customer Exempt Number
Signature of State Meat Inspection Director	Date