AIB Form PTC101B (02-15)

SD ANIMAL INDUSTRY BOARD
APPLICATION FOR POULTRY PERMIT

____ CHICK/STARTED POULTRY STORE  “Have possession of some or all chicks/started poultry being sold.”
____ CHICK/STARTED POULTRY SALES  “Write orders, do not take possession of chicks/started poultry.”

South Dakota Animal Industry Board Regulation 12:68:13 requires that all South Dakota firms selling poultry under five months of age or hatching eggs, must make application for and obtain a permit to do business ANNUALLY.

Complete this application and return to: SD Animal Industry Board, 411 S. Fort Street, Pierre, SD 57501.

| 1. Firm’s name, mailing address, phone & email: | 2. Firm’s name, phys. address, phone & email (if different) |
|------------------------------------------------|--|--------------------------------------------------|
|                                                |                                                 |
|                                                |                                                 |
|                                                |                                                 |
|                                                |                                                 |

3. Name and address of owner/operator: GPS Coordinates:

Lat: Long:

Source of Poultry:
1. Name: ____________________________
   Address: ____________________________
   Phone #: ____________________________
   Email: ____________________________
   Type of Product: __________________
2. Name: ____________________________
   Address: ____________________________
   Phone #: ____________________________
   Email: ____________________________
   Type of Product: __________________

*If additional Sources, please attach.

REPORT OF SALES:
Available for review Yes__ No__
Filled out properly Yes__ No__
Submitted in timely fashion Yes__ No__

IF ALTERNATE METHOD USED:
Reviewed Yes__ No__
Satisfactory Yes__ No__
9-3 or Intrastate Booklets issued: #________

I declare and affirm under the penalties of perjury that this claim(petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

AIB Agent: ____________________________
Date: ____________________________

PERMITTEE:
Print Name: ____________________________
Signature: ____________________________
Title: ____________________________
Date: ____________________________

Dr. Chester Zaborek, DVM
SD State Veterinarian
411 S. Fort St.
Pierre, SD 57501

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