

NC DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES MEAT & POULTRY INSPECTION DIVISION MEAT AND POULTRY HANDLER APPLICATION		1. DATE
2. NAME OF FARM/BUSINESS		3. NAME OF OWNER/MANGER
4. FORM OF ORGANIZATION INDIVIDUAL CORPORATION PARTNERSHIP COOPERATIVE ASSOCIATION LLC OTHER		
5. MAILING ADDRESS <i>(Include ZIP Code)</i>		6. (Company Name) LOCATION ADDRESS IF DIFFERENT FROM ITEM 5 <i>(Include ZIP Code)</i>
7. PHONE NUMBER	8. EMAIL ADDRESS	9. COUNTY
10. HOURS OF OPERATION		11. LIST OF STATES PRODUCT WILL BE SOLD IN
12. TYPE OF MEAT PRODUCTS		
13. TYPE OF POULTRY PRODUCTS		
<p>14. AGREEMENT AND CERTIFICATION: If Meat and/or Poultry Handler's registration is granted under this application, I expressly agree to comply with all requirements of the N.C. Compulsory Meat Inspection Law (Chapter 106, Articles 49B and 49C of the General Statutes of North Carolina), the N.C. Poultry Products Inspection Law (Chapter 106, Article 49D of the General Statutes of North Carolina), or both as well as 9 CFR 320.5 and/or 9 CFR 381.179, incorporated by reference under 02 NCAC 52D .0101. I agree to be available for periodic reviews of my facility to ensure compliance with NC Meat and Poultry laws and rules. I acknowledge that, and consent to, my business name, address, phone number and registration number being included on a published list of registered Meat and Poultry Handlers. I certify that all statements made herein are true to the best of my knowledge and belief.</p> <p>This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, religion, sex, national origin, age, or handicap, write to: State Director, NCDA&CS-MPID, Agriculture Building, 1001 Mail Service Center, Raleigh, NC 27699-1001.</p>		
15. NAME OF PERSON SIGNING APPLICATION	16. SIGNATURE	17. TITLE
TO BE COMPLETED BY NCDA		
18. DATE RECEIVED	19. DATE REVIEWED	20. SIGNATURE OF COMPLIANCE OFFICER