## NC DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES **MEAT & POULTRY INSPECTION DIVISION AMENDMENTS TO**

## **CUSTOM EXEMPTION APPLICATION**

1. DATE

**RETURN THIS APPLICATION TO:** 

Director

N.C. Department of Agriculture and Consumer Services Meat and Poultry Inspection Division

Agriculture Building

1001 Mail Service Center

Raleigh, North Carolina 27699-1001

| 2. TYPE OF CUSTOM A  | CTIVITES            | MEAT SLAUGHTER             | MEAT PROCE     | ESSING         | POULTRY SLAUGHT                        | ER POULT     | RY PROCESSING       |          |
|----------------------|---------------------|----------------------------|----------------|----------------|--|--------------|---------------------|----------|
| 3. OTHER EXEMPTED A  | ACTIVITIES          | RETAIL ACTIVITIES          | FOOD & DRU     | G ACTIVITIES   | NON-AMEN                               | ABLE         |                     |          |
| 4. FORM OF ORGANIZA  | ATION               |                            |                |                |  |              |                     |          |
| INDIVIDUAL           | CORPORATION         | PARTNERSHIP                | COOPERATIVE    | ASSOCIATIO     | ON LLC                                 | OTHER        |                     |          |
| 5. NAME OF APPLICA   | NT AND MAILING AD   | DRESS (Include ZIP Code)   |                |                | Name) LOCATION OF 5 (Include ZIP Code) | PLANT AND MA | VILING ADDRESS IF D | DIFFEREN |
|                      |                     |                            |                |                |  |              |                     |          |
|                      |                     |                            |                |                |  |              |                     |          |
| 7. LIST AMENDMENTS 1 | ΓΟ BE MADE (ex. add | d owner, change of company | name, phone nu | mber or email, | etc.)                                  |              |                     |          |
|                      |                     |                            |                |                |  |              |                     |          |
|                      |                     |                            |                |                |  |              |                     |          |
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|                      |                     |                            |                |                |  |              |                     |          |
|                      |                     |                            |                |                |  |              |                     |          |

| ONLY COMPLETE BLOCKS 8 AND 9 IF THERE ARE CHANGES |       |   |       |       |       |                 |   |                 |     |  |  |
|---|-------|---|-------|-------|-------|-----------------|---|-----------------|-----|--|--|
| 8. ANIMALS TO BE SLAUGHTERED                      |       |   |       |       |       |                 |   |                 |     |  |  |
| CAT   | ΓLE   | CALVES  | SHEEP | GOATS | SWINE | R/              | ATITES  | OTHER (specify) | N/A |  |  |
| 9. PROCESSII                                      | NG AC | TIVITIES  |       |       |       |                 |   |                 |     |  |  |
| TYPE OF<br>PRODUCT                                | a.    | - (   |       |       |       |                 | ,                     |                 |     |  |  |
| PRODUCT   | b.    | BONING (manual boning meat/poultry)                                   |       |       |       | i.              | DRYING (pork cuts, beef cuts, sausage, dehydrated products) |                 |     |  |  |
| MEAT  | C.    | MECHANICAL DEBONING (mechanical deboning meat/poultry)                |       |       |       | j.              | CONVENIENCE ITEMS (entrees, dinners, pies, pizzas, etc.)    |                 |     |  |  |
| POULTRY   | d.    | FABRICATING (roast, steaks, chops, ground beef, hamburger, etc.)      |       |       |       |                 | SLICING (bacon, luncheon meats, sausage, etc.)              |                 |     |  |  |
| BOTH  | e.    | CURING (pork cuts, beef cuts, turkey, ham, etc.)                      |       |       |       |                 | FATS/OILS (lard, tallow, shortening, margarine, etc.)       |                 |     |  |  |
| BOTH  | f.    | FORMULATING (fresh/cured sausages, loaves, poultry rolls, pattie mix, |       |       | m.    | OTHER (specify) |   |                 |     |  |  |
|   | g.    | . COOKING/SMOKING (pork cuts, beef cuts, sausage, loaves, etc.)       |       |       |       |                 |   |                 |     |  |  |

10. AGREEMENT AND CERTIFICATION: If Custom Exemption is granted under this application, I (we) expressly agree to conform strictly to the N.C. Compulsory Meat Inspection Law (Articles 49B and 49C of the General Statues of North Carolina), the N.C. Poultry Products Inspection Law (Article 49D, Chapter 106 of the General Statues of North Carolina), or both. I CERTIFY that all statements made herein are true to the best of my knowledge and belief.

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.

| 11. TYPED NAME OF PERSON SIGNI | NG APPLICATION               | 12. SIGNATURE |                                 | 13. TITLE |  |  |  |  |
|--------------------------------|------------------------------|---------------|---------------------------------|-----------|--|--|--|--|
|                                |                              |               |                                 |           |  |  |  |  |
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|                                |                              |               |                                 |           |  |  |  |  |
|                                |                              |               |                                 |           |  |  |  |  |
| TO BE COMPLETED BY NCDA        |                              |               |                                 |           |  |  |  |  |
| 14. DATE RECEIVED              | E RECEIVED 15. DATE REVIEWED |               | 16. SIGNATURE OF STATE DIRECTOR |           |  |  |  |  |
|                                |                              |               |                                 |           |  |  |  |  |