

New Jersey Live Bird Marketing System



REGISTRATION EXEMPTION FORM

For Out of State Production/Supplier Flocks ONLY

**New Jersey Department of Agriculture
Division of Animal Health
P.O. Box 330, Trenton, NJ 08625
(609) 671-6400**

Owner Name:		Business Name:	
Mailing Address:		City:	State: Zip Code:
Premises Address:		City:	State: Zip Code:
Home Phone: () -	Business Phone: () -	Mobile Phone: () -	Fax: () -
National Premise Identification Number:			
<p>In signing this form, I give my permission for the New Jersey Department of Agriculture to confirm my National Premise Identification Number with the issuing state and/or with the United State Department of Agriculture. I certify that I will comply with all required New Jersey and federal animal health laws, regulations, and directives. I will notify the New Jersey Department of Agriculture of any change in the name, national premise identification number, address, management, or ownership of my business or operation within 30 days of making such change.</p>			
_____ Date	_____ Printed Name of Flock Owner	_____ Signature of Flock Owner	
FOR OFFICIAL USE ONLY			
_____ Date	_____ Printed Name/Title of NJDA Authorized Agent	_____ Signature of NJDA Authorized Agent	