3. NAME & ADDRESS OF PRODUCER OR SHIPPER (Include zip code)

See reverse side for additional OMB information.

FORM APPROVED -OMB NO. 0579-0007

REPORT NO.

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE NATIONAL POULTRY IMPROVEMENT PLAN

1. DATE OF SHIPMENT

REPORT OF SALES OF HATCHING EGGS, CHICKS, AND POULTS

2. NAME & ADDRESS OF PURCHASER (Include zip code)



12. DATE

			6. P	ROI	DUC	Т	7	. SE	EX		8.	TYF	PE (I	nten	dec	d us	e)						9.	CLA	SSI	FICA	TIOI	V - U	J.S.			
4. QUAN- TITY	5. VARIETY, STRAIN, OR TRADE	Eggs	Eggs				run			Pro	Commercial Production Stock		Multiplier Breeding Stock		Primary Breeding Stock		ng	ean	oticum	ae Clean	gridis	lis	dis Clean	a Monitored	Sanitation Monitored	Influenza Clean	Monitored	Clean	Monitored	ored	OTHER (Specif	
15.77	NAME	Chicken E	Turkey Eg	Chicks	Poults	Other	Ė	Females	Males	Eggs	Meat	Other	Eggs	Meat	Other	Eggs	Meat	Other	Pullorum Typhoid C	M. Gallisepticum Clean	M. Synoviae	M. Meleagridis Clean	S. Enteritidis Monitored	S. Enteritidis	Salmonella	Sanitation	Avian Influ	H5/H7 AI	H5/H7 AI (M.G. Moni	M.S. Monitored	

10. REMARKS (Services performed on products in shipment, e.g.; vaccination, debeaking, dubbing, etc., but not necessarily certified by a State Inspector.)

This is to certify that the above name producer or shipper is participating in the National Poultry Improvement Plan.

11. SIGNATURE OF STATE INSPECTOR

VS FORM 9-3 (DEC 2005) (Previous editions are obsolete.)

See reverse side for additional OMB information.

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		1 3	6. P	RO	DUC	T	7	. SE	ΞX		8.	TYF	PE (I	nter	ide	d us	e)						9.	CLA	SSI	FICA	TION	N - L	J.S.			
4. QUAN- TITY	5. VARIETY, STRAIN, OR TRADE	Eggs	gs				_			Pro	Commercial Production Stock			Multiplier Breeding Stock		Primary Breeding Stock		ng	lean	pticum	Synoviae Clean	gridis	dis	dis Clean	Salmonella Monitored	Sanitation Monitored	Influenza Clean	Monitored	Clean	Monitored	Monitored	OTHER (Specify
	NAME	Chicken E	Turkey Eggs	Chicks	Poults	Other	Straight-run	Females	Males	Eggs	Meat	Other	Eggs	Meat	Other	Eggs	Meat	Other	Pullorum Typhoid C	M. Gallisepticum Clean	M. Synoviae	M. Meleagridis Clean	S. Enteritidis Monitored	S. Enteritidis	Salmonell	Sanitation	Avian Influ	H5/H7 AI	H5/H7 AI	M.G. Moni	M.S. Moni	

10. REMARKS (Services performed on products in shipment, e.g.; vaccination, debeaking, dubbing, etc., but not necessarily certified by a State Inspector.)

This is to certify that the above name producer or shipper is participating in the National Poultry Improvement Plan.	11. SIGNATURE OF STATE INSPECTOR	12. DATE
This is to certify that the description and classification of the products listed above are properly indicated.	13 SIGNATURE OF STATE INSPECTOR	14. DATE

VS FORM 9-3 (DEC 2005) (Previous editions are obsolete.)

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