According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0579-0065. The time required to complete this information collection is estimated to average .16 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved 0579-0065 EXP. Date XX/XXXX

No facility can be licensed for treatment or garbage until an application has been submitted and approved, (PL 90-468 and 9 CFR 166)

U.S, DEPARTMENT OF AGRICULTURE			OR USOA-V	'S USE ONLY
ANIMAL AND PLANT HEALTH INSPECTION SERVICE		1. LICENSE NO.		2. COUNTY
APPLICATION FOR LICENSING OF GARBAGE TREATMENT FACILITY				
INSTRUCTIONS: Please type or print clearly. Complete Items 3 through 10 and send parts 1 and 2 to your VS area office.  Retain part 3 for your records. A separate application is needed for each treatment facility.				
3. NAME OF APPLICANT (First Name, MI, Last Name)			4. PHONE I	NUMBER (Include area code)
(Include ZIP code)	6. ADDRESS WHERE (If different from iter	n 5)		
7. LOCATION OF YOUR TREATMENT FACILITY (If same as item 5 or 6, indicate which address. If your facility is at a location NOT having a street address, give directions on how to reach the facility.)  If more space Is needed "X" box and continue on reverse.				
8. SOURCE(S) OF GARBAGE RECEIVED	ii iiioie	space is needed 7	√ · DOX 6	and continue on reverse.
I certify that this Information Is true, accurate, and complete to the bell of my knowledge and belief.				
9. SIGNATURE OF APPLICANT				10. DATE OF APPLICATION
TO BE COMPLETED AT THE TIME OF	F THE PRELICENSING	INSPECTION		I
This Is to certify that I have received a copy of the Swine Health Protection Act (PL 96-4 and regulations, that I agree to comply with the Act and regulations, and that I agree to g I further agree to dispose of garbage that is not to be fed to swine, and materials In associated guidelines.	68) and regulations (9 C	FR, Part 166), that al business hours to	inspectors	authorized by the Department.
11. SIGNATURE				12. DATE
APPROVAL  Assignment of a license number (item 1 above) and signature of the approving official constitutes your license to operate a garbage treatment facility.				
13. SIGNATURE OF APPROVING OFFICIAL		·		14. DATE APPROVED