



## Application For U.S. Avian Influenza Clean Compartment Registration



*Instructions: Step 1: Applicants, please complete Sections A and B and certify application with signature on pg. 3. Step 2: Send Form A to the OSA which completes Section C and signs. Step 3: OSA returns form to NPIP. Note: If you are using Form A to comply with recertification requirements and none of the information in Sections A or B has changed since initially applying, please complete only Section A and proceed to Step 2. Disclaimer: This form may be simultaneously submitted with Application Form B: Component Registration. However, Application Form B will not be reviewed until Application Form A has been reviewed and approved.*

**A: Background Information.** *To be completed by company seeking certification.*

|   |  |
|---|--|
| Name of Company   |  |
| Company Mailing Address   |  |
| Name of Contact   |  |
| Telephone Number  |  |
| Alternate Telephone Number  |  |
| Fax Number  |  |
| Email Address   |  |
| NPIP Classification   | U.S. AI Clean <input type="checkbox"/> U.S. H5/H7 AI Clean <input type="checkbox"/>  |
| Breed/Type of Poultry   |  |
| NPIP Classification Seeking   |  |
| Compartment Mailing Address   |  |
| Compartment Location (List States Involved)                               |  |
| Name of Compartment   |  |
| Anticipated Type of Components (F, M, H, and E) to add within Compartment | Farm <input type="checkbox"/> Feedmill <input type="checkbox"/> Hatchery <input type="checkbox"/> Egg Depot <input type="checkbox"/> |

**B: Prerequisites.** *To be completed by company seeking certification.*

*To be eligible for certification as a compartment, all of the protocols listed below and supporting documents must be available and ready for presentation to the compartmentalization auditors. Refer to the **Compartmentalization for Protection Against Avian Influenza Disease in Primary Poultry Breeding Companies in the United States of America; Specifications for Management Procedures, Physical Requirements and Protocols** for more details.*

Please place a check mark by the answer that applies.

| <b>General Management Protocols</b>   |            |           |
|---|------------|-----------|
| <b>For each component, have you met all of the required specifications for management procedures and physical requirements; do you have the necessary protocols and documentation as specified in the Compartmentalization for Protection Against Avian Influenza Disease in Primary Poultry Breeding Companies in the U.S.A. and further, do you have documentation outlining the following items?</b> | <b>Yes</b> | <b>No</b> |
| Biosecurity training for employees, contract staff, and visitors  |            |           |
| Biosecurity compliance agreement for employees, contract staff, and visitors  |            |           |
| Biosecurity risk assessment for each component of the compartment   |            |           |
| Cleaning, sanitation, and control of vehicles prior to entering biosecure areas   |            |           |
| General physical traits of each compartment component (Farms, Feedmills, Hatcheries, Egg Depots and Offices), including physical address with GPS location  |            |           |
| Detailed diagrammatic description for movement of people, vehicles, equipment, birds, and eggs between all components inside and outside the compartment  |            |           |
| Company Emergency Response Plan   |            |           |
| Veterinary Health Plan  |            |           |

**C. Questionnaire.** *To be completed by each Official State Agency*

Please place a check mark by the answer that applies.

|  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| Is the company seeking certification in the U.S. H5/H7 Avian Influenza Clean Compartment program a participant in good standing with the NPIP: U.S. H5/H7 Avian Influenza Clean Program for Turkey Breeding Flocks?  |            |           |
| Is the company seeking certification in the U.S. Avian Influenza Clean Compartment program a participant in good standing with the NPIP: U.S. Avian Influenza Clean Program for Primary Egg-Type Chicken Breeding?   |            |           |
| Is the company seeking certification in the U.S. Avian Influenza Clean Compartment program a participant in good standing with the NPIP: U.S. Avian Influenza Clean Program for Primary Meat-Type Chicken Breeding Flocks?   |            |           |
| Within the company, are all operations seeking certification as components within the registered compartment in the U.S. Avian Influenza Clean Compartment program (for egg-type chicken breeding flocks and meat-type chicken breeding flocks) or the U.S. H5/H7 Avian Influenza Clean Compartment (for turkey breeding flocks) located in a State which has an APHIS-approved Initial State Response and Containment Plan? |            |           |
| Does the company seeking certification in the U.S. Avian Influenza Clean Compartment program perform routine surveillance of all flocks within the compartment in an NPIP- authorized laboratory which is certified to test for AI?  |            |           |

**CERTIFICATION OF OFFICIAL STATE AGENCY or AGENCIES**

I DO HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF; FURTHER, I UNDERSTAND THAT IN THE EVENT I HAVE KNOWINGLY AND WILLFULLY MADE ANY FALSE STATEMENTS, I WILL BE LIABLE FOR PUNISHMENT IN ACCORDANCE WITH ALL APPLICABLE LAWS AND STATUTES.

State: \_\_\_\_\_ State: \_\_\_\_\_  
Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

State: \_\_\_\_\_ State: \_\_\_\_\_  
Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

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**CERTIFICATION OF APPLICANT**

I DO HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF AND I HAVE OBTAINED ALL NECESSARY OFFICIAL STATE AGENCIES' CERTIFICATION IN C ABOVE. FURTHER, I UNDERSTAND THAT IN THE EVENT I HAVE KNOWINGLY AND WILLFULLY MADE ANY FALSE STATEMENTS, I WILL BE LIABLE FOR PUNISHMENT IN ACCORDANCE WITH ALL APPLICABLE LAWS AND STATUTES.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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**Application**

*A complete application must be sent to:*

The National Poultry  
Improvement Plan  
1506 Klondike Road,  
Suite 101  
USDA-APHIS-VS  
Conyers, GA 30094  
[Denise.L.Brinson@aphis.usda.gov](mailto:Denise.L.Brinson@aphis.usda.gov)  
with cc to  
[Elena.L.Behnke@aphis.usda.gov](mailto:Elena.L.Behnke@aphis.usda.gov)

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***For Department Use Only***

Date

Received: \_\_\_\_\_ Reviewer: \_\_\_\_\_

Check Here if Registration Approval Granted:

Check Here if Registration Approval Denied:

Signature: \_\_\_\_\_

If Denied, List Reasons:

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*Please note that registration approval does not mean that the component is certified. Only after a successful registration using this form, a successful registration of components using Application Form B, and a successful audit can the compartment become fully certified.*