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 of this information collection is 0579-0007. The time required to complete this information collection is estimated to average 40 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 0579-0007 EXP: XX/XXXX



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 U.S. H5/H7 AI Clean 🗆
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 🛛 Feedmill 🗌 Hatchery 🗌 Egg Depot 🗌

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.

General Management Protocols			
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?		No	
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.

	Yes	No
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:	

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:

Application *A complete application must be sent to:*

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

For Department Use Only

Date Received:	Reviewer:
Check Here if Registration Approval Granted: 🗖	
Check Here if Registration Approval Denied: \Box	
Signature:	
If Denied, List Reasons:	

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.