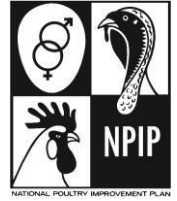




Application For U.S. Avian Influenza Clean Compartment Component Removal



Instructions: Applicants please complete Sections A and B and certify with signature. Then send the form to the OSA which completes Section C and signs. OSA returns form to NPPI.

A: BACKGROUND INFORMATION. *To be completed by company seeking removal of a component within a certified compartment. Please note that once a component has been successfully removed, it will no longer function as part of the compartment. Adding the component back to the compartment will require recertification using Application Form B.*

| | |
|---|--|
| 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 | |
| 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. Reason for Removal. *To be completed by company seeking component removal. To be eligible for removal as a compartment, a justification for removal and a detailed description of how the component removal will affect the rest of the compartment must be provided. Please use the box below. (Note: If component removal will not affect the compartment, please check here)*

C. Verification. *To be completed by each Official State Agency. Please place a check mark by the answer that applies.*

| | YES | NO |
|---|-----|----|
| Is the component of the compartment part of a company that is a participant in the U.S. H5/H7 Avian Influenza Clean Compartment program and in good standing with the NPIP: U.S. H5/H7 Avian Influenza Clean Program for Turkey Breeding Flocks? | | |
| Is the component of the compartment part of a company that is a participant in the U.S. Avian Influenza Clean Compartment program and in good standing with the NPIP: U.S. Avian Influenza Clean Program for Primary Egg-Type Chicken Breeding Flocks? | | |
| Is the component of the compartment part of a company that is a participant in the U.S. Avian Influenza Clean Compartment program and in good standing with the NPIP: U.S. Avian Influenza Clean Program for Primary Meat-Type Chicken Breeding Flocks? | | |
| Within the company, are all other operations certified as components within the registered compartment part of 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) and located in a State which has an APHIS-approved Initial State Response and Containment Plan? | | |

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. FURTHER, I CERTIFY THAT BY COMPLETION OF THIS FORM, THIS COMPONENT OF THE COMPARTMENT WILL HAVE TO GO THROUGH THE RE- APPLICATION PROCESS TO BE FORMALLY RECOGNIZED AS A CERTIFIED COMPONENT.

Signature: _____

Date: _____

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 with
cc to Elena.L.Behnke@aphis.usda.gov

For Department Use Only

Date
Received: _____ Reviewer: _____

Check Here if Approval Granted for Removal of Component:

Check Here if Approval Denied for Removal of Component:

Signature: _____

If Denied, List Reasons:
