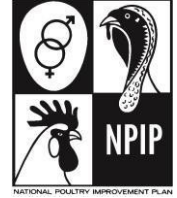




Application For U.S. Avian Influenza and Newcastle Disease Clean Compartment Component Registration



Instructions: *Step 1: Applicants, please complete Sections A-E and certify application with signature on pg. 6. Step 2: Send the form to the OSA which completes Section F and signs. Step 3: OSA returns form to NPIP. Note: If you are using Form B to comply with recertification requirements and none of the information in Sections A-E has changed since initially applying, please complete only Section A and proceed to Step 2. Disclaimer: For initial Compartment and Component registration, this form may be simultaneously submitted with Application Form A: Compartment Registration for initial 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.*

To be considered for approval as a new component within a certified compartment, the following must be completed.

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"/> U.S. ND 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"/>
Total Number of Components Seeking Certification (sum of total numbers listed in sections B-E below)	

Questionnaire. *To be completed by company seeking certification.*

Please place a check mark by the answer that applies.

	YES	NO
U.S. Avian Influenza and Newcastle Disease Compartment Registration Form (Application Form A) submitted. This form contains the components to be added within the new compartment.		
New facility within previously certified compartment.		
Requalification of components within certified compartment due.		
Components previously removed from certified compartment and now seeking reinstatement within certified compartment.		

B. Prerequisites for Farms (F). *To be completed by company seeking certification.*

To be considered for approval as a component in a certified compartment, you must first provide the following information.

Total number of farm premises seeking approval (Please list number). _____

List farm names (and associated NPIP numbers) seeking approval in box provided below. Separate farms by use of a semicolon. Example: ChickaD, 13-3223; Hollow Oak 1, 12-1392; Hollow Oak 2, 12-1293. This example includes three separate farms and three separate NPIP numbers or EMRS Premises Identification Numbers.

*Note: Supporting documents for Statements 1 and 2 below must be submitted with this application for each farm. Please refer to the **Compartmentalization for Protection Against Avian Influenza and Newcastle Disease in Primary Poultry Breeding Companies in the United States of America; Specifications for Management Procedures, Physical Requirements, and Protocols** for verification of statement 3.*

Farm Design, Physical Requirements, and Management Protocols	YES	NO
Statement 1: FMP 1: <i>Site plan for each farm in the component which shows characteristics of the component.</i> I hereby certify that I have attached to this application a site plan for each farm seeking to be added as a component within the compartment.		
Statement 2: FMP 2: <i>Farm specifications, including fencing, signage, and construction. (Note that farm specifications include the physical address of each farm along with GPS coordinates.)</i>		

	YES	NO
I hereby certify that I have attached to this application the applicable farm specifications for each farm seeking to be added as a component within the compartment.		
Statement 3: FMP3-FMP13: <i>Written documentation must be shown to the assigned auditor on request.</i> I hereby certify that written documentation for each of the Farm Management Protocols 3-13 is on file as accurate and complete to my knowledge and will be provided to the assigned auditor on request.		

C. Prerequisites for Feedmills (M). *To be completed by the company seeking certification.*

To be considered for approval as a component in a certified compartment, you must first provide the following information.

Total number of feedmill premises seeking approval (Please list number). _____

List feedmill names seeking approval in box provided below. Separate feedmills by use of a semicolon. Example: Feedmille 1; Jones & Parks; Willow Mill. This example includes three separate feedmills.

*Note: Supporting documents for Statements 1 and 2 below must be submitted with this application for each feedmill. Please refer to the **Compartmentalization for Protection Against Avian Influenza and Newcastle Disease in Primary Poultry Breeding Companies in the United States of America; Specifications for Management Procedures, Physical Requirements, and Protocols for verification of statement 3.***

Feedmill Design, Physical Requirements, and Management Protocols	YES	NO
Statement 1: FMMP 1: <i>Site plan for each feedmill in the component which shows characteristics of the component.</i> I hereby certify that I have attached to this application a site plan for each feedmill seeking to be added as a component within the compartment.		
Statement 2: FMMP 2: <i>Feedmill specifications, including signage and construction. (Note that feedmill specifications include the physical address of each feedmill along with GPS coordinates.)</i> I hereby certify that I have attached to this application the applicable feedmill specifications for each feedmill seeking to be added as a component within the compartment.		

	YES	NO
<p>Statement 3: FMMP3-FMMP9: <i>Written documentation must be shown to the assigned auditor on request.</i></p> <p>I hereby certify that written documentation for each of the Feedmill Management Protocols 3-9 is on file as accurate and complete to my knowledge and will be provided to the assigned auditor on request.</p>		

D. Prerequisites for Hatcheries (H). *To be completed by company seeking certification.*

To be considered for approval as a component in a certified compartment, you must first provide the following information.

Total number of hatchery premises seeking approval (Please list number). _____

List hatchery names (and associated NPIP numbers) seeking approval in box provided below. Separate hatcheries by use of a semicolon. Example: Chickadee, Inc. -15-1425; Grandparent Line-65-1293. This example includes two separate hatcheries with two separate NPIP numbers.

*Note: Supporting documents for Statements 1 and 2 below must be submitted with this application for each hatchery. Please refer to the **Compartmentalization for Protection Against Avian Influenza and Newcastle Disease in Primary Poultry Breeding Companies in the United States of America; Specifications for Management Procedures, Physical Requirements, and Protocols** for verification of statement 3.*

Hatchery Design, Physical Requirements, and Management Protocols	YES	NO
<p>Statement 1: HMP 1: <i>Site plan for each hatchery in the component which shows characteristics of the component.</i></p> <p>I hereby certify that I have attached to this application a site plan for each hatchery seeking to be added as a component within the compartment.</p>		
<p>Statement 2: HMP 2: <i>Hatchery specifications, including fencing, signage, and construction. (Note that hatchery specifications include the physical address of each hatchery along with GPS coordinates.)</i></p> <p>I hereby certify that I have attached to this application the applicable hatchery specifications for each hatchery seeking to be added as a component within the compartment.</p>		
<p>Statement 3: HMP3-HMP15: <i>Written documentation must be shown to the assigned auditor on request.</i></p> <p>I hereby certify that written documentation for each of the Hatchery Management Protocols 3-15 is on file as accurate and complete to my knowledge and will be provided to the assigned auditor on request.</p>		

E. Prerequisites for Egg Depots (E). *To be completed by company seeking certification.*

To be considered for approval as a component in a certified compartment, you must first provide the following information.

Total number of egg depot premises seeking approval (Please list number). _____

List egg depot names seeking approval in box provided below. Separate egg depots by use of a semicolon. Example: Clayton 1, 2, and 3; Heart Storage. This example includes two separate egg depots. Alternatively, Egg Depot location may be identified with NPIP number +/- EMRS premises identification number.

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*Note: Supporting documents for Statements 1 and 2 below must be submitted with this application for each egg depot. Please refer to the **Compartmentalization for Protection Against Avian Influenza and Newcastle Disease in Primary Poultry Breeding Companies in the United States of America; Specifications for Management Procedures, Physical Requirements, and Protocols** for verification of statement 3.*

Egg Depot Design, Physical Requirements, and Management Protocols	YES	NO
Statement 1: EDMP 1: <i>Site plan for each hatchery in the component which shows characteristics of the component.</i> I hereby certify that I have attached to this application a site plan for each egg depot seeking to be added as a component within the compartment.		
Statement 2: EDMP 2: <i>Hatchery specifications, including fencing, signage, and construction. (Note that egg depot specifications include the physical address of each egg depot along with GPS coordinates.)</i> I hereby certify that I have attached to this application the applicable egg depot specifications for each hatchery seeking to be added as a component within the compartment.		
Statement 3: EDMP3-EDMP12: <i>Written documentation must be shown to the assigned auditor on request.</i> I hereby certify that written documentation for each of the Egg Depot Management Protocols 3-12 is on file as accurate and complete to my knowledge and will be provided to the assigned auditor on request.		

F. Verification. *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 and Newcastle Disease Clean Compartment program a participant in good standing with the NPIP U.S. H5/H7Avian Influenza Clean and Newcastle Disease Clean Programs for Turkey Breeding Flocks?		

	YES	NO
Is the company seeking certification in the U.S. Avian Influenza and Newcastle Disease Clean Compartment program a participant in good standing with the NPIP U.S. Avian Influenza Clean and Newcastle Disease Clean Programs for Primary Egg-Type Chicken Breeding Flocks?		
Is the company seeking certification in the U.S. Avian Influenza and Newcastle Disease Clean Compartment program a participant in good standing with the NPIP U.S. Avian Influenza Clean and Newcastle Disease Clean Programs for Primary Meat-Type Chicken Breeding Flocks?		
Within the company, are all operations seeking certification as components within the registered compartment participating in the U.S. Avian Influenza and Newcastle Disease Clean Compartment program (for egg- type chicken breeding flocks and meat-type chicken breeding flocks) or the U.S. H5/H7 Avian Influenza and Newcastle Disease Clean Compartment program (for turkey breeding flocks) 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.

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.Heard@aphis.usda.gov
with cc to
Christina.Lindsey@aphis.usda.gov

For Department Use Only

Date

Received: _____ Reviewer: _____

Check Here if Registration Approval Granted:

Check Here if Registration Approval Denied:

Signature: _____

For Components Denied, if Any, List Reasons:

Please note that registration approval for components does not mean the components are certified. Only after an auditor's review and successful passing can a component become certified.