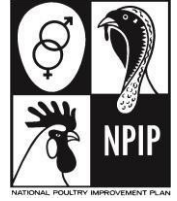




Application For U.S. Avian Influenza and Newcastle Disease Clean Compartment Registration



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"/> 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"/>

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 and Newcastle 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 and Newcastle Disease in Primary Poultry Breeding Companies in the U.S.A. and further, do you have documentation outlining the following items?	YES	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		
ND Vaccination Program		
ND Testing Program for ND vaccinated or unvaccinated flocks		

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 and Newcastle Disease Clean Compartment program a participant in good standing with the NPIP: U.S. H5/H7 Avian Influenza Clean and Newcastle Disease Clean Programs for Turkey 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 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 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 (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 and Newcastle Disease Clean Compartment program perform routine surveillance of all flocks within the compartment in an NPIP-authorized laboratory which is certified to test for AI and ND?		

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
USDA, APHIS, VS
1506 Klondike Road
Suite 101
Conyers, GA 30094
Office: 770-922-3496

For Department Use Only

Date

Received: _____ Reviewer: _____

Check Here if Registration Approval Granted:

Check Here if Registration Approval Denied:

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.