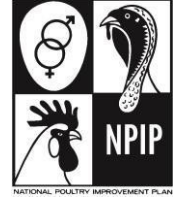




Application For U.S. Avian Influenza and Newcastle Disease Clean Compartment Component Registration



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.

*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:

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: _____

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.