

**INSTRUCTIONS: Submit an original to the Richmond Office**

<b>VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF MEAT AND POULTRY SERVICES</b>  <b>Application for State Meat and Poultry Inspection</b>				<b>Date of Application:</b>  		<b>Form of Organization:</b>  <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify)	
<b>Name and Mailing Address of Applicant:</b>  				<b>Type of Application:</b>  <input type="checkbox"/> UPDATE <input type="checkbox"/> NEW <input type="checkbox"/> OTHER (specify) <input type="checkbox"/> NAME CHANGE <input type="checkbox"/> CHANGE OF ADDRESS <input type="checkbox"/> CHANGE OF OWNER			
<b>FEDERAL ID#:</b> 				<b>Area Code and Telephone Number:</b>  			
<b>Location of Plant (if different from above)</b>  				<b>Name and address of Tenants (if any) Requiring Inspection at This Plant:</b>  			
<b>Days per year plant will operate</b> _____		<b>Hours per week plant will operate</b> _____		<b>Hours per day plant will operate</b> _____		<b>Month and year when plant will be ready to operate under inspection program</b> _____	
<b>ESTIMATED NUMBER OF ANIMALS TO BE SLAUGHTERED WEEKLY WHEN INSPECTION IS INAUGURATED</b>							
<b>S</b>	Cattle	Calves	Sheep	Goats	Swine	Ratites	
<b>L</b>	Young Chickens	Mature Chickens	Turkeys	Geese	Ducks	Guinea	Squab
<b>A</b>	<b>ESTIMATED WEEKLY VOLUME OF FRESH MEAT OR READY-TO-EAT POULTRY TO BE DISPOSED OF IN COMMERCE</b>						
<b>U</b>	Beef	Veal	Lamb or Mutton	Goat	Pork	Ratite	
<b>G</b>	Young Chicken	Mature Chicken	Turkey	Goose	Duck	Guinea	Squab
<b>H</b>	<b>PREPARED AND PROCESSED WHEN INSPECTION IS INAUGURATED</b>						
<b>T</b>	<b>TYPE OF PRODUCT</b>	a. ___ BREAKING/CUTTING ( <i>carcasses, primal cuts, whole poultry, poultry parts etc.</i> ) b. ___ BONING ( <i>manual boning meat/poultry</i> ) c. ___ MECHANICAL DEBONING ( <i>mechanical deboning meat/poultry</i> ) d. ___ FABRICATING ( <i>roast, steaks, chops, ground beef, hamburger, etc.</i> ) e. ___ CURING ( <i>pork cuts, beef cuts, turkey, ham, etc.</i> ) f. ___ FORMULATING ( <i>fresh/cured sausages, loaves, poultry rolls, pattie mix, etc.</i> ) g. ___ COOKING/SMOKING ( <i>pork cuts, beef cuts, sausages, loaves, etc.</i> )			h. ___ CANNING ( <i>Shelf stable, perishable, cans, pouches, glass</i> ) i. ___ DRYING ( <i>pork cuts, beef cuts, sausage, dehydrated products</i> ) j. ___ CONVENIENCE ITEMS ( <i>entrees, dinners, pies, pizzas, etc.</i> ) k. ___ SLICING ( <i>bacon, luncheon meats, sausages, etc.</i> ) l. ___ FATS/OILS ( <i>lard, tallow, shortening, margarine, etc.</i> ) m. ___ OTHER ( <i>specify</i> )		
<b>E</b>	___ MEAT						
<b>R</b>	___ POULTRY						
<b>I</b>	___ BOTH						
<b>N</b>							
<b>G</b>							

List all persons responsibly connected with the applicant. Include all partners, officers, directors, holders or owners of 10 per centum or more of voting Stock, and employees in a managerial or executive capacity in the business. Notify the Inspector-in-Charge of any changes in the listing given.

NAME	TITLE	STREET AND NUMBER CITY, STATE, & ZIP CODE	HOLDER OF MORE THAN 10% OF VOTING STOCK	
			YES	NO

Name of each person listed above who has been convicted in any federal or state court of (1) any felony, or (2) more than one violation of any law. Other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction, and the court in which convicted.

List each conviction against the applicant in any federal or state court of (1) any felony, or (2) more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction, and the court in which convicted.

**AGREEMENT AND CERTIFICATION:** If inspection is granted under this application, I (We) expressly agree to conform strictly to the Virginia Meat and Poultry Products Inspection Act. And all regulations promulgated there under. I CERTIFY that all statement made herein are true to the best of my knowledge and belief.

This is an EQUAL OPPORTUNITY PROGRAM. VDACS & USDA prohibit discrimination in all of their programs and activities on the basis of race, color national origin, sex, religion, age, disability political beliefs, sexual orientation, and marital or family status in employment or in any program or activity conducted or funded by the two Departments. To file a complaint of discrimination, write or call: OMPS 102 Governor Street, Richmond, VA 23218 Phone 804-786-4569 (voice) or 800/828-1120 (TDD) or USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 (800) 795-3272 (voice) or (202) 720-6382 (TDD).

Typed name of person signing application:      Signature and title of owner, partner, or authorized officer making this application:

**TO BE COMPLETED BY VDACS**

<b>DATE RECEIVED</b>	<b>DATE REVIEWED</b>	<b>SIGNATURE OF MEAT &amp; POULTRY SERVICES PROGRAM MANAGER</b>
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