



FARMED CERVIDAE LICENSE APPLICATION

Return to: ODAFF, Animal Industry Division, PO Box 528804, Oklahoma City, OK 73152

Facility Owner Information (Primary Licensee)

Owner: _____ Co-Owner (if applicable) _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Mailing Address: _____ City: _____ Zip: _____

Facility Operator Information (Secondary Licensee, if different from above)

Name: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Mailing Address: _____ City: _____ Zip: _____

The renewal application is exempt from this question box unless there have been any changes since last application.

Has the applicant(s) been convicted of a felony, misdemeanor, administrative, or civil violation of any natural resource requirements, including but not limited to forestry, fisheries, environmental, domestic, or wildlife animal health within the last 3 years in Oklahoma or any other jurisdiction? Or, has the applicant(s) had any equivalent license denied, revoked, or suspended by any authority, except in accordance with the provisions of 2 O.S. § 6-514? Yes No

If Yes, attach a list and description of all offenses.

Facility/Farm/Business Name(s): _____

Physical Address: _____ City: _____ Zip: _____ County: _____

Legal Description of Facility to Nearest Quarter Section: _____

Driving Directions from Nearest Town: _____

Is the property where the facility is located **owned** or **leased** by the applicant(s)? **Circle one choice.**

Method(s) of Carcass Disposal: Burial Closed-Air Incineration Composting Landfill Rendering

Attach a map with topography of the facility diagramming all structures and fencing.

"I, the licensure applicant, certify under penalty of law this document, all attachments, and information submitted are to the best of my knowledge and belief true, accurate, and complete. I am aware there are significant penalties for knowingly submitting false, inaccurate, or incomplete information, including the possibility of fines for each violation."

Signature of Facility Owner(s)/Lessee(s): _____ Date: _____

(Any person not listed on this application will not be considered a licensee.)

RETURN TO: OKLA DEPT OF AGRICULTURE, FOOD, & FORESTRY, PO BOX 528804 OKLAHOMA CITY, OK 73152-8804

Enclose payment with application by check, money order or credit card (see below) \$200 for Initial License \$100 for Renewal License

Name on Card _____ Expiration Date Month _____ Year _____

No. _____ Security Code _____ Amount _____ Visa Mastercard Discover

FOR OFFICE USE ONLY

Approving Signature _____ DATE: _____

Receipt # _____ Amount _____

CURRENT FARMED CERVIDAE INVENTORY AS OF _____ (Date)

A minimum of one form of ODAFF approved identification is required for all animals one year of age or older. This may include metal clip tags, electronic identification, plastic tags, and ear tattoos.

	PRIMARY IDENTIFICATION (Required)	SECONDARY IDENTIFICATION (Optional)	SPECIES OR BREED NAME	AGE	SEX (M/F)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					

CWD Monitored Herds in good standing are exempt from submitting this inventory sheet.