

**OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD, AND FORESTRY
 AGRICULTURAL ENVIRONMENTAL MANAGEMENT SERVICES**

P.O. Box 528804
 Oklahoma City, Oklahoma 73152-8804
 (405) 521-3864

CONCENTRATED ANIMAL FEEDING OPERATION (CAFO) LICENSE TRANSFER APPLICATION

1. CURRENT LICENSE HOLDER

Name _____
 Address _____
 City _____
 State _____ Zip _____
 Phone _____
 Corporate Contact _____
 Facility Contact _____

2. TRANSFER APPLICANT

Name _____
 Address _____
 City _____
 State _____ Zip _____
 Phone _____
 Corporate Contact _____
 Facility Contact _____

3. FACILITY INFORMATION

Name _____
 Address _____
 City _____ County _____
 State _____ Zip _____
 Phone _____
 Legal Description _____
 EPA Facility No. _____

4. Transfer Operator _____ Phone _____
 Address _____ City _____ State _____ Zip _____

5. Number and type of animals confined and maintained at this facility:

TYPE OF ANIMALS	NO. OF ANIMALS	FACTOR	ANIMAL UNITS
<input type="checkbox"/> Cattle Slaughter/Feeder	_____	x 1.0	_____
<input type="checkbox"/> Dairy Cattle	_____	x 1.4	_____
<input type="checkbox"/> Swine over 55 lbs.	_____	x 0.4	_____
<input type="checkbox"/> Swine under 55 lbs.	_____	x 0.1	_____
<input type="checkbox"/> Horses.	_____	x 2.0	_____
<input type="checkbox"/> Sheep	_____	x 0.1	_____
<input type="checkbox"/> Poultry w/cont. overflow watering	_____	x 0.01	_____
<input type="checkbox"/> Poultry w/liquid manure system	_____	x 0.033	_____
<input type="checkbox"/> Poultry---other	_____	x 0.0	_____
Total Capacity	_____	Total Animal Units	_____

If your facility is expanding, list your current licensed capacity:

Total Animals _____ Animal Units _____

6. If the transfer applicant is a firm, partnership, corporation, or other legal entity attach a list with the name and address of each member with an ownership interest of ten percent (10%) or more.
7. If the transfer applicant is a corporation, attach a list with the name and address of each officer, and the name and address of the registered agent of the corporation.
8. Provide the environmental history for the past three (3) years of any CAFO established or operated by the applicant or any other operation with common ownership in Oklahoma or any other state. The environmental history shall include all citations, administrative orders or penalties, civil injunctions or other civil actions, criminal actions, past, current and ongoing, taken by any person, agency or court relating to noncompliance with any environmental law, rule, agency order, or court action relating to the operation of an animal feeding operation.
9. Provide a list of all environmental awards or citations received. List any pollution prevention, voluntary remediation or odor control efforts undertaken by the applicant.
10. Provide an updated copy of the Pollution Prevention Plan addressing each item found in the Oklahoma CAFO Act at Title 2, Section 9-205.2 of the Oklahoma Statutes and all attendant rules of **if a change of condition resulting from a transfer of ownership occurs.**—
11. Provide a notarized sworn statement signed by the applicant accepting full responsibility for properly closing all waste retention structures upon termination of operation.
12. Provide a financial statement of the applicant's financial ability to operate and close an animal feeding operation with liquid waste management system to comply with the surety requirements set forth in Title 2, Section 9-209.1 of the Oklahoma CAFO Act. ***(Financial statement must be from a third party independent source.)*** Include a general release that the financial information may be verified with banks and other financial institutions.

Note: Each requirement found in the above application must be addressed by the applicant. If the requirement is not applicable must state "Not applicable" and give an explanation. If a requirement is not addressed, the application will be considered incomplete.

This *license shall expire on June 30th* of each year and may be renewed upon payment of the annual license fee and continued compliance with the provisions of this act and the rules and regulations of the Board.

Notarize the following statement: “ *I certify under penalty of law this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the persons who manage the system, or 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.*”

This application to be signed by the following: (A) Corporation: The Principal Executive Officer, Vice President Minimum (B) Partnership: A General Partner (C) Sole Proprietorship: The Proprietor.

Name _____
Type or print name and title

Signature _____ Date signed _____

State of _____ *County of* _____

Subscribed and sworn before me _____, 20____

My commission expires _____, 20____

Signature of Notary Public _____