



REGISTRATION FOR TEXAS POULTRY AND RABBIT SLAUGHTER

Meat Safety Assurance Section
in Accordance With the Texas Meat and Poultry Act

RETURN COMPLETED APPLICATION TO:
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
MEAT SAFETY ASSURANCE SECTION - MAIL CODE 1872
P.O. BOX 149347
AUSTIN, TX 78714-9812

OR

Email To: Tracie.Luna@dshs.texas.gov

POULTRY/RABBIT REGISTRATION FORM

1. Today's Date 	4. County of Establishment
2. Type of Registration <input type="checkbox"/> New <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Owner <input type="checkbox"/> Other _____	5. Form of Organization <input type="checkbox"/> Individual <input type="checkbox"/> Cooperative Association <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ <input type="checkbox"/> Corporation *State in Which Incorporated _____ Charter Number/Franchise Taxpayer ID Number _____
3. Species of Registration <input type="checkbox"/> Poultry <input type="checkbox"/> Rabbit	
6. Name, Address, Phone Number and Email Address of Registrant Name: Address: City, State and Zip: Phone Number: Email:	7. Official Name, Physical Address and Phone Number of Establishment Official Name: Address: City, State and Zip: Phone Number: Email:
8. Other Names (if any) Under Which Business Will Be Conducted 	9. Establishment Mailing Address (if different from above) Address: City, State and Zip:
10. Estimated Operating Schedule Days/Week _____ Hours/Week _____	

11. Estimated Average Slaughter Number Per Year (i.e. Animals)

Type of Registration	Number of Amenable Species	
	Poultry	Rabbit
Slaughter		

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.texas.gov> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).

Printed or Typed **Name** of Person Signing
Registration

Title

Signature of Owner, Partner or Authorized Officer Making this
Registration

12. List all **partners, officers, and owners (including registrant)**. Indicate below, using the drop down box, whether each person listed is a 10% or more stock holder. Also, list employees in a managerial or executive capacity in the business. Notify the MSA Central Office of any changes in the listing.

ATTACH ADENDUM IF ADDITIONAL SPACE IS NEEDED

CHECK BOX IF ADDENDUM IS USED

Name, Title and Phone Number	Personal Address (Include Zip Code)	10% or More Stock Holder	
		Yes (X)	No (X)
Name:	Address:	<input type="checkbox"/>	<input type="checkbox"/>
Title:	City, State and Zip:		
Phone Number:	Email:		
Name:	Address:	<input type="checkbox"/>	<input type="checkbox"/>
Title:	City, State and Zip:		
Phone Number:	Email:		
Name:	Address:	<input type="checkbox"/>	<input type="checkbox"/>
Title:	City, State and Zip:		
Phone Number:	Email:		
Name:	Address:	<input type="checkbox"/>	<input type="checkbox"/>
Title:	City, State and Zip:		
Phone Number:	Email:		
Name:	Address:	<input type="checkbox"/>	<input type="checkbox"/>
Title:	City, State and Zip:		
Phone Number:	Email:		
Name:	Address:	<input type="checkbox"/>	<input type="checkbox"/>
Title:	City, State and Zip:		
Phone Number:	Email:		

13. List the name of the registrant (person, firm, or corporation) and/or each person listed on the form who has been convicted in any Federal or State court of any felony and/or of 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. **If none, write "NONE"**.

AGREEMENT AND CERTIFICATION: I (we) expressly agree to conform strictly to Chapter 433 of the Health and Safety Code, the regulations governing Meat Inspection, and any applicable rules and or regulations currently adopted or adopted in the future by the Texas Department of State Health Services. I agree to comply with recordkeeping requirements as described in all applicable laws, rules, and regulations. I agree to submit an updated registration form at any time the information herein changes. I CERTIFY that all statements made herein are true to the best of my knowledge.

In accordance with Federal Law and U.S. Department of Agriculture policy, This institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, or disability. To file a complaint of discrimination, contact the U.S. Department of Agriculture, Director, Office of Adjudication and Compliance, 1400 Independence Avenue S.W., Washington, D.C. 20250-9410; or call (866) 632-9992 (toll free). (202) 260-1026, (202) 401-0216 (TDD toll free). USDA and Texas HHS are equal opportunity employers and providers.

Printed or Typed **Name** of Person Signing This Form **Title**

Signature of Owner, Partner or Authorized Officer Making This Form