



Washington Application for NPIP Participation National Poultry Improvement Plan

Applicant Information						
Name of Applicant				Phone Number		
Mailing Address		City		State	Zip Code	
County		Email Address				
Flock Information						
Flock Address (If Different)						
Primary Purpose of Flock						
Quantities:	Chickens	Turkeys	Waterfowl	Upland Gamebirds	Ratites	Other
Males						
Females						
Stock Code Numbers (Found at: www.poultryimprovement.org)						
Program Participation						
☐ Salmonella pullorum (Required) ☐ Avian Influenza (Recommended) I agree to comply with the sanitation, testing, and record keeping requirements of the National Poultry Improvement Program. I agree to submit VS Form 9-3's for every shipment of poultry products sold or transferred out of the state of Washington. I agree to purchase poultry only from certified NPIP members. I also understand that, as a participant, I may exhibit my birds in Washington and sell to other NPIP participants without further testing requirements. I may also ship interstate without further testing, depending on the state of destination. _____ Signature of Applicant _____ Date Signed						

Send completed application to: **Washington State Department of Agriculture** - OR - avhealth@agr.wa.gov
Avian Health Program
PO Box 42577
Olympia WA 98504-2577