

**APPLICATION FOR RED MEAT PERMIT OF EXEMPTION UNDER THE  
VIRGINIA MEAT AND POULTRY PRODUCTS INSPECTION ACT**

TO: Program Manager  
Office of Meat & Poultry Service  
P. O. Box 1163  
Richmond, VA 23219

Application is hereby submitted for a Permit of Exemption as provided by Section 303.1(a) (2) of the Rules and Regulations governing the Inspection of Meat in the State of Virginia.

The following information is submitted in support of this application:

- A. Name of Establishment: \_\_\_\_\_
- B. Owner: \_\_\_\_\_
- C. Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ VA Zip: \_\_\_\_\_
- D. Telephone Number: (     ) - \_\_\_\_\_

**Type of Exemption Applied For: (Check those that apply)**

- Exempt Slaughter of Livestock \_\_\_\_\_
- Exempt Processing of Meats \_\_\_\_\_
- Curing of Exempt Pork Products \_\_\_\_\_

**RETAIL Yes ( ) No ( )**

The undersigned acknowledges an understanding of the requirements for initial and renewal exemption permits as provided by Section 303.1 of the Rules and Regulations Governing the Inspection of Meat in the State of Virginia and agrees to comply with same.

**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).

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Owner or Manager

**OFFICE USE ONLY**  
APPROVED: YES ( ) NO ( ) \_\_\_\_\_ Date: \_\_\_\_\_  
OMPS Regional Supervisor

NEW \_\_\_\_\_ PERMIT NUMBER \_\_\_\_\_ CITY/COUNTY CODE \_\_\_\_\_