APPLICATION FOR REGISTRATION
VIRGINIA LIVESTOCK/POULTRY DEALERS AND MARKETING FACILITIES

MAIL COMPLETED FORM TO:
VDACS, Office of Veterinary Services, P.O. Box 1163, Richmond, VA 23218

VDACS-03214 (eff. 11/13)

NAME OF INDIVIDUAL, AND COMPANY IF APPLICABLE:

PHYSICAL ADDRESS:

MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS:

TELEPHONE (include area code):

COUNTY:

E-MAIL ADDRESS:

TYPE OF LIVESTOCK HANDLED, IF APPLICABLE:
_____Cattle _____Sheep _____Swine _____Equine _____Goats _____Other_____

TYPE OF POULTRY HANDLED, IF APPLICABLE:
___Hatching Eggs ___Chickens ___Ducks ___Turkeys ___Native/Exotic Birds ___Wild Birds Indigenous to VA

DO YOU BUY OR SELL LIVESTOCK AND/OR POULTRY INTERSTATE? Livestock: ___Yes ___No Poultry: ___Yes ___No

DO YOU OPERATE AS A:
___Livestock Market ___Livestock Buying Station ___Dealer ___Order Buyer ___Retail store ___Other_____

NAME AND LOCATION OF ALL ASSEMBLY BARNS OR YARDS OWNED OR USED BY APPLICANT (if additional premises are used; use reverse side if necessary):

OTHER NAME(S) UNDER WHICH BUSINESS IS TRANSACTED:

PACKERS & STOCKYARDS REGISTRATION NUMBER (If applicable):

Have you or any individual connected with your operations violated any state or federal laws or regulations governing the interstate or intrastate movement, shipment or transportation of livestock and/or poultry? _____YES _____NO
If yes, describe the nature of the violation and the date(s) involved.

CERTIFICATION STATEMENT

In signing this application, I certify that all entries are true and correct to the best of my knowledge. I also certify that I have read the applicable requirements of the regulations, including if applicable those stating that all livestock, other than feeder cattle that are not of a dairy type, that are handled by or otherwise under the scope of business of each dealer and marketing facility shall be officially identified; and those authorizing the State Veterinarian or his representative to have access to and be able to copy any records made and retained as required by the regulations. I certify that I will comply with all required Virginia and federal animal health laws, regulations and directives.

_____ Signature

_____ Date

FOR OFFICE USE ONLY

NEW	RENEW	CAT CODE	REGIS. NO.	FIPS CODE	REG. CODE	RECEIVED	KEYED	MAILED