

Kansas Department of Agriculture Division of Animal Health

1320 Research Park Drive Manhattan, KS 66502 Phone: (785) 564-6601 Fax: (785) 564-6778

Application for Pullorum/Typhoid Testing Certification

License date through September 30th

New Application		Renewal Application Certificate Number		er	
		The annual registrat	ion fee is \$30		
Contact Name			Business Name		
Address		City		State	Zip
County	Phone		E-Mail Addre	ess	
Yes	No	Are you availabl	e to test for the publi	c?	
		equest a Flock Selection a ct this if you do not have a		Forms VS 9-2) booklet	
		OWNERSHIP INF (if owner's information is d			
Individual/Sole Prop	prietor P	artnership	LLP or LP	Corporation	LLC
Legal Owner of Business	s (Print)				
Owner's Mailing address	s if different from abo	ve			
Signature of Applicant				Date	
Mail application and check to:		Kansas Departm Division of Anin 1320 Research P Manhattan, KS	ark Drive	2	
PTT <u>\$</u> T	ransaction #	For Office Use Only - R CC/CK #	evised 08/25 Entered	By: Date En	tered: