



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

The annual registration fee is \$30

D/B/A Name Phone Fax

Address City County State Zip

Contact Person (Print) Phone E-Mail Address

Yes No Are you available to test for the public?

Check to request a Flock Selection and Testing Reports (Forms VS 9-2) booklet
(Only select this if you do not have an existing booklet)

OWNERSHIP INFORMATION (if owner's information is different from above)

Individual/Sole Proprietor Partnership LLP or LP Corporation LLC

Legal Owner of Business (Print)

Owner's Mailing address if different from above

Signature of Applicant Date

Mail application and check to: **Kansas Department of Agriculture
Division of Animal Health
1320 Research Park Drive
Manhattan, KS 66502**

For Office Use Only - Revised 06/16

PTT \$ _____ Transaction # _____ CC/CK # _____ Entered By: _____ Date Entered: _____