



Meat & Poultry Inspection APPLICATION FOR REGISTRATION

Kansas Department of Agriculture
Meat & Poultry Inspection Program
1320 Research Park Drive
Manhattan, KS 66502
Phone: 785-564-6776, Fax: 785-564-6779
E-mail: KDAMeatandPoultry@ks.gov
Website: www.agriculture.ks.gov

Calendar Year: _____

REGISTRATION FEE: \$25

Kansas Establishment No. _____

For Office Use Only

Please check all boxes which apply to your operation.

Red Meat Rabbit Poultry

Custom:

- Custom Slaughter Facility - CLF
- Custom Processing Facility - CPF
- Custom Slaughter and Processing Facility - MCF

Inspected (MSP):

- Inspected Slaughter Facility - ISF
- Inspected Processing Facility - IPF
- Inspected Slaughter and Processing Facility - MSP

Other:

- Wholesaler (see supplement) - WHS
- Poultry Exemption (see supplement) - POE
- Animal Food Manufacturer - AFM
- Broker - MMB
- Facility at Public Secondary School - FSS
- Federally Inspected Plant - FIP
- Public Warehouseman - POW
- Small/Seasonal Slaughter Facility - SSF
- State-owned Facility at Regent Institution - SFR

Business Name: _____ Email: _____

Business Address: _____ City: _____ Zip: _____

Mailing Address (if different from above): _____

Phone #: _____ County: _____ Tax ID#: _____

Business Type: Individual Partnership Corporation, Incorporated in the State of: _____

Name of Business owner(s): _____

Name of each person listed above who has been convicted in any Federal or State court of (1) any felony or (2) more than one violation of any law, other than a felony, based upon acquiring, handling or distributing of unwholesome, mislabeled or deceptively packaged foods or based upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. Attach a separate sheet if necessary. K.S.A. 65-6a36.

I hereby attest that the information in this application is true, complete and accurate.

Signature of Owner, or Agent

Printed Name of person signing application

Title

Date

This institution is an equal opportunity provider.

For Office Use Only

Code	Fee	Transaction Number	Check No.
	\$		
MLP			

Exemption Status: Custom _____
Poultry _____



Meat & Poultry Inspection

HOURS OF OPERATION

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Establishment Name _____ Establishment Number _____

Establishment Owner _____ Date _____

Pursuant to 9 CFR 307.4, as adopted by KAR 4-16-1c, which is included below, please complete the following information about your establishment's operations:

DAYS/HOURS ESTABLISHMENT IS OPEN FOR BUSINESS:

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:							

If you conduct multiple operations, such as operations requiring inspection, custom exempt operations, or retail exempt operations; please specify the hours and times that each operations occurs:

OPERATIONS REQUIRING INSPECTION: *(only if an inspected facility)*

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:							

Or: On-call basis, see information at the bottom of the page for requesting inspection services. _____

CUSTOM EXEMPT OPERATIONS:

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:							

RETAIL EXEMPT OPERATIONS:

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:							

I understand that it is a violation of the Kansas Meat and Poultry Inspection Act to apply the mark of inspection during days and times not declared on this form under "Operations requiring inspection", and that such violation will result in legal action, which may include suspension, modification, or revocation of registration; embargo or detention of meat or poultry products; the assessment of civil penalties; or any other action allowed by law.

(Signature of Owner, Partner or Authorized Officer)

(Title)

(Printed Name)

- For changes to your hours of operations, or if you have been granted inspection on an on-call basis, 9 CFR (2008) 307.4(d)(1) and (2) states,
- (1) Each official establishment shall submit a work schedule to the area supervisor for approval. In consideration of whether the approval of an establishment work schedule shall be given, the area supervisor shall take into account the efficient and effective use of inspection personnel. The work schedule must specify daily clock hours of operation and lunch periods for all departments of the establishment requiring inspection.
 - (2) Establishments shall maintain consistent work schedules. Any request by an establishment for a change in its work schedule involving an addition or elimination of shifts shall be submitted to the area supervisor at least 2 weeks in advance of the proposed change. Frequent requests for change shall not be approved. Provided, however, minor deviations from a daily operating schedule may be approved by the inspector in charge, if such request is received on the day preceding the day of change.

KDA will attempt to accommodate requests for change or requests for inspection services as late as two days prior to the requested change; however, we can't guarantee the availability of inspection staff unless the request is made at least 2 weeks in advance of the requested change. Requests should be made to the Area Supervisor. If you are unsure who the Area Supervisor is in your area, please contact the Manhattan Office at 785-564-6776.



Kansas Department of Agriculture
ELECTRONIC PAYMENT FORM

Kansas Department of Agriculture
Meat & Poultry Inspection Program
1320 Research Park Drive
Manhattan, KS 66502
Phone: 785-564-6776
Fax: 785-564-6779
E-mail: KDAMeatandPoultry@ks.gov

Acceptable methods of payment include: Visa, MasterCard, Discover, American Express, or pay by electronic check.

Please email or fax this form to the contact listed above. Thank you.

Business Name: _____

Cardholder/Name on Check (Please Print): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ - _____

E-Mail Address for Receipt: _____

Payment Method: Visa Master Card Discover American Express Electronic Check

Credit Card Number: _____

Credit Card Expiration Date: _____ CVV # _____

Account Number: _____

Routing Number: _____

Total Amount Charged \$ _____

Signature: _____

For Office Use Only - Revised 11/9/18

Payment # _____