



APPLICATION FOR MEAT & POULTRY INSPECTION

1. DATE of APPLICATION		2. TYPE of APPLICATION <input type="checkbox"/> New <input type="checkbox"/> Change of Owner <input type="checkbox"/> Change of location <input type="checkbox"/> Other (specify)		3. TYPE of INSPECTION REQUIRED <input type="checkbox"/> meat <input type="checkbox"/> poultry <input type="checkbox"/> import		4. EXEMPTED ACTIVITIES	
5. FORM OF ORGANIZATION <input type="checkbox"/> Individual <input type="checkbox"/> Cooperative Association <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other				6. IF CORPORATION: NAME or STATE WHERE INCORPORATED			
8. NAME OF APPLICANT (<i>Company Name</i>) MAILING ADDRESS (<i>Include ZIP Code</i>)				FEDERAL EMPLOYER IDENTIFICATION NUMBER (<i>As assigned by Internal Revenue Service</i>)		9. AREA CODE AND TELEPHONE NUMBER	
9. LOCATION OF PLANT AND MAILING ADDRESS IF DIFFERENT FROM ITEM 8 (<i>Include ZIP Code</i>)						11. AREA CODE AND TELEPHONE NUMBER	
12. NAME AND ESTABLISHMENT NUMBER OF OTHER ESTABLISHMENTS LOCATED IN THE SAME FACILITY				13. OTHER NAMES (<i>If any</i>) UNDER WHICH BUSINESS WILL BE CONDUCTED			
14. DAYS PER YEAR PLANT WILL OPERATE		15. HOURS PER WEEK PLANT WILL OPERATE		16. HOURS PER DAY PLANT WILL OPERATE		17. MONTH AND YEAR WHEN PLANT WILL BE READY TO OPERATE UNDER INSPECTION PROGRAM	
EXEMPT	NON-EXEMPT	EXEMPT	NON-EXEMPT	EXEMPT	NON-EXEMPT	EXEMPT	NON-EXEMPT

SECTION II (*To be completed for Domestic Inspection Activities*)

18. ANIMALS TO BE SLAUGHTERED WHEN INSPECTION IS INAUGURATED

SLAUGHTER ONLY	<input type="checkbox"/> CATTLE <input type="checkbox"/> CALVES <input type="checkbox"/> SHEEP <input type="checkbox"/> GOATS <input type="checkbox"/> SWINE <input type="checkbox"/> EQUINE <input type="checkbox"/> YOUNG CHICKENS <input type="checkbox"/> MATURE CHICKENS <input type="checkbox"/> TURKEYS <input type="checkbox"/> GEESE <input type="checkbox"/> DUCKS <input type="checkbox"/> GUINEAS
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19 FRESH MEAT OR READY TO COOK POULTRY TO BE DISPOSED OF IN COMMERCE 1/

COMMERCE ONLY	<input type="checkbox"/> BEEF <input type="checkbox"/> VEAL <input type="checkbox"/> LAMB OR MUTTON <input type="checkbox"/> GOAT MEAT <input type="checkbox"/> PORK <input type="checkbox"/> EQUINE MEAT <input type="checkbox"/> YOUNG CHICKENS <input type="checkbox"/> MATURE CHICKENS <input type="checkbox"/> TURKEY <input type="checkbox"/> GOOSE <input type="checkbox"/> DUCK <input type="checkbox"/> GUINEA
/1 ALSO INCLUDE PRODUCT DISTRIBUTED TO GOVERNMENT PURCHASING AGENCIES OR OTHERS UNDER CIRCUMSTANCES THAT THE PRODUCT WILL SUBSEQUENTLY MOVE IN COMMERCE.	

20. PREPARED OR PROCESSED WHEN INSPECTION IS INAUGURATED

PROCESSING	TYPE OF PRODUCT <input type="checkbox"/> MEAT <input type="checkbox"/> POULTRY <input type="checkbox"/> BOTH	A. <input type="checkbox"/> BREAKING/CUTTING (carcasses, primal cuts, whole poultry, poultry parts, etc) B. <input type="checkbox"/> BONING (manual boning meat/poultry) C. <input type="checkbox"/> MECHANICAL DEBONING (mechanical deboning meat/poultry) D. <input type="checkbox"/> FABRICATING (roast, steaks, chops, ground beef, hamburger, etc) E. <input type="checkbox"/> CURING (pork cuts, beef cuts, turkey, hams, etc) F. <input type="checkbox"/> FORMULATING (fresh/cured sausages, loaves, poultry rolls, patty mix, etc) G. <input type="checkbox"/> COOKING/SMOKING (pork cuts, beef cuts, sausage, loaves, etc) H. <input type="checkbox"/> CANNING (shelf stable, perishables, cans, pouches, glass) I. <input type="checkbox"/> DRYING (pork cuts, beef cuts, sausage, dehydrated products) J. <input type="checkbox"/> CONVENIENCE ITEMS (entrees, dinners, pies, pizzas, etc) K. <input type="checkbox"/> SLICING (bacon, luncheon meats, sausage, etc) L. <input type="checkbox"/> FATS/OILS (lard, tallow, shortening, margarine, etc) M. <input type="checkbox"/> OTHER (please specify)
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21. List all persons responsibly connected with the applicant. Include all owners, partners, officers, directors, holders or owners of 10% or more of voting stock, and employees in a managerial or executive capacity on the business. Notify the Area Supervisor of any changes in the listing.

NAME Title (Indicate if owner, manager)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH (CITY & STATE)	PRESENT HOME ADDRESS (STREET & NUMBER, CITY, STATE, ZIP CODE)	HOLDER OF 10% OR MORE VOTING STOCK (IF CORP)	
					YES (X)	NO (X)

22. Enter the name of each person listed under item 21 who has been convicted in *any* Federal or State court of any felony. Enter the name of each person listed under item 21 who has been convicted in any Federal or State court of more than one violation of any law, other than a felony, based on the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction, and the court in which convicted. If none, write "None".

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23. List each conviction against the applicant (person, firm or corporation) in any Federal or State court of any felony. List each conviction against the applicant (person, firm, or corporation) in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling or distributing of any unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with the transactions in food. Include the crime, the date of conviction, and the court in which convicted. If none, write "None".

24. APPLICANT HAS BEEN PROVIDED WITH A COPY OF THE PRIVACY ACT NOTICE. Check one: YES NO

AGREEMENT AND CERTIFICATION:

In inspection is granted under the application, I (we) expressly agree to conform strictly to the State Meat Inspection Act [25-33-6 to 25-3-21 MNSA 1978] and the regulations, directives or policies of the New Mexico Meat & Poultry Inspection Program. I certify that all statements made herein are true to the best of my knowledge and belief.

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, religion, sex, national origin, age or handicap, you may write immediately to the Secretary of Agriculture or **USDA, Director, Office of Civil Rights**; 1400 Independence Avenue, SW; Washington, DC 20250-9410.

25. TYPED NAME OF PERSON SIGNING APPLICATION	SIGNATURE AND TITLE OF OWNER	PARTNER OR AUTHORIZED OFFICER MAKING THIS APPLICATION
	26. SIGNATURE	27. TITLE
28. OFFICIAL NUMBER ASSIGNED/RESERVED		29. IS THIS PLANT UNDER STATE INSPECTION? (Completed by regional office or Import Div Dir)
EST	/P	<input type="checkbox"/> Yes <input type="checkbox"/> No
	TO BE COMPLETED BY	
30. DATE RECEIVED	31. DATE REVIEWED	32. SIGNATURE OF AREA SUPERVISOR/OR IMPORT FIELD OFFICE SUPERVISOR
33. IS THIS PLANT TO BE UNDER TALMADGE-AIKEN ACT?	34. SIGNATURE OF REGIONAL DIRECTOR/OR IMPORT INSPECTOR DIVISION DIRECTOR	35. DATE
<input type="checkbox"/> Yes <input type="checkbox"/> No		