



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Animal Industry
Bureau of Animal Disease Control

**APPLICATION FOR PERMIT TO
TRANSPORT ANIMAL CARCASSES/REFUSE**

585.147, Florida Statutes
5C-23.002, Florida Administrative Code

Remit \$200.00 Fee Online at:
www.FDACS.gov/ai

- or -

Check or Money Order Payable
to FDACS and remit to:

FDACS
P.O. Box 6710
Tallahassee, FL 32314-6710
Phone: 850-410-0900

www.FDACS.gov/ai

Note: All documents and attachments submitted with this request are subject to public review pursuant to Chapter 119, F.S.

COMPLETE ALL ITEMS (PLEASE PRINT)

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ County _____

Do you engage in the business of (receive payment or derive monetary or economic benefit from) transporting or hauling any dead, dying or diseased animal; any product of an animal that has died other than by slaughter; or any inedible animal product not meant for human consumption? Yes No

If you answered "Yes", please complete this application and return with the application fee of \$200, payable to the Florida Department of Agriculture and Consumer Services. If "No", please stop and return this form.

Vehicle Inventory: (List all vehicles to be used to transport animal carcasses or refuse. Use a separate sheet if necessary)

Year	Make	Model	VIN #	License Tag #	State of Registration

In accordance with section 585.147, Florida Statutes, application is hereby made for permit to transport or haul certain animals or animal products (carcasses/refuse) within the State of Florida, I certify that:

- (1) All vehicles used in the transportation of carcasses or refuse on public highways shall be of such construction as to prevent seepage or residue from escaping;
- (2) All barrels or other containers used for transportation and storage of carcasses or refuse shall be clearly marked "INEDIBLE" with letters not less than 2 inches in height; and
- (3) I agree to comply with the requirements of section 585.147, Florida Statutes, and all rules of the Department adopted pursuant thereto.

The information given above is true and correct to the best of my knowledge.

Signature of Owner or Agent _____ Title _____

Please Print Name _____ Date _____

Witness my hand and official seal, this _____ day of _____, _____.

NOTARY PUBLIC

(Notary Stamp)

Org. Code: 42090201000
EO: A2
Object Code: 002059 Fee: \$200.00

RETURN ALL COPIES WITH FEE