



NICOLE "NIKKI" FRIED
COMMISSIONER

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

Contact:

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**NATIONAL POULTRY IMPROVEMENT PLAN
PARTICIPATION AGREEMENT, SUBPART E**

5C-16.021, Florida Administrative Code

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

This agreement is between the Florida Department of Consumer Services – Division of Animal Industry, hereafter known as the Official State Agency, and _____

(owner), hereafter know as the Participant, doing business at _____

as a

hatchery

dealer

independent flock

covering the cooperative work of the National Poultry Improvement Plan (NPIP).

A. The Official State Agency agrees:

1. To keep the Participant informed of all provisions governing participation in the NPIP.
2. To provide Authorized Testing Agents to conduct blood test for the disease program for which the flock is a candidate.
3. To conduct efficiently the inspection work called for in the NPIP provisions.
4. To permit the use of the prefix "U.S." in connection with other terms in describing the disease classifications for which products produced under the NPIP are qualified.
5. To investigate all reports of S. Pullorum and S. Gallinarium isolations in poultry to determine origin of infection.

B. The Participant agrees:

1. To comply with the NPIP requirements for the desired classification of the products.
2. To promptly submit to the Official State Agency the results of all testing done by authorized testing agents.
3. To keep records as required by the NPIP and to make such records available for inspection by the Official State Agency upon request.
4. To report to the Official State Agency all baby chicks, pullets, or other classes of poultry to be used as breeding flocks prior to the birds reaching 24 weeks of age.

C. Revocation of agreement:

It is mutually understood that this agreement may be revoked by the Official State Agency for cause or that the Participant may withdraw from the program by notifying the Official State Agency in writing. In case of either action, the Participant agrees to forfeit all rights and benefits derived from participating in the National Poultry Improvement Plan.

List Strains or Stock Handled on the POULTRY TESTING form FDACS-09123.
For Hatcheries list the TOTAL INCUBATOR CAPACITY on the HATCHERY INSPECTION REPORT Form VS Form 9-9.

This agreement shall take effect on _____

01

Month

Day

Year

and shall continue through _____

30

Month

Day

Year

and shall be subject to annual renewal thereafter by mutual consent of the cooperation parties.

DATE

PARTICIPANT SIGNATURE

PARTICIPANT EMAIL

DATE

SIGNATURE OF AUTHORIZED TESING AGENT

Distribution: Copy: State Veterinarian

Copy: Owner

Copy: Authorized Agent