



**APPLICATION FOR TEXAS MEAT AND POULTRY
INSPECTION OR EXEMPTION
Meat Safety Assurance Unit**

1. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Owner <input type="checkbox"/> Other (Specify) _____ 2. Type of Inspection/Exemption Required <input type="checkbox"/> Meat Inspection <input type="checkbox"/> Poultry/Rabbit Exemption <input type="checkbox"/> Poultry Inspection <input type="checkbox"/> Retail Operations <input type="checkbox"/> Voluntary Inspection <input type="checkbox"/> Non-meat Food Manufacturing <input type="checkbox"/> Custom Exemption <input type="checkbox"/> _____ 2a. Other Operations to be Conducted <input type="checkbox"/> Poultry/Rabbit Exemption <input type="checkbox"/> Retail Operations <input type="checkbox"/> Non-meat Food Manufacturing <input type="checkbox"/> _____	3. Official Number Assigned/Reserved _____ 4. Date of Application _____ 5. County _____ Circuit _____ 6. Form of Organization <input type="checkbox"/> Individual <input type="checkbox"/> Cooperative Association <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Corporation *State in which incorporated _____ *Charter Number/Franchise Taxpayer ID Number _____
7. Name, Address and Telephone No. of Applicant _____ _____ _____ Phone _____ E-Mail Address _____	8. Name, Address (Mail) and Telephone No. of Plant _____ _____ _____ Phone _____ Fax _____
9. Other Names (if any) Under Which Business Will Be Conducted _____ _____ _____	10. Plant Location (If different from above) _____ _____ _____
11. Estimated Operating Schedule Requiring Inspection Days/Wk _____ Hours/Wk _____	

12. Estimate Average Volume of Operation Per Week

A. Number Slaughtered Per Week

- NONE
 Under Inspection
 Under Exemption
 Voluntary Inspection

	Amenable Species						Voluntary Species	
	Cattle	Swine	Goats	Sheep	Poultry	Ratites		

B. Estimate Processing Volume in Pounds Per Week

Meat Poultry _____

_____ Inspected _____ Exemption _____ Voluntary

- | | | | |
|---|-------|-------|-------|
| 1) Processed meats, sausage, hamburger, etc. | _____ | _____ | _____ |
| 2) Sliced Products (bacon, ham, etc.) | _____ | _____ | _____ |
| 3) Boned fresh meat or poultry | _____ | _____ | _____ |
| 4) Fabricated products (steaks, roasts, etc.) | _____ | _____ | _____ |
| 5) Cured and/or smoked products | _____ | _____ | _____ |
| 6) Other (Specify) _____ | _____ | _____ | _____ |

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).

 Printed or Typed Name of Person
 Signing Application

 Signature & Title of Owner, Partner or Authorized Officer
 Making this Application

MSA Central Office Use Comptroller-Clear Account <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Initial _____	59-i Issued _____ Date _____
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13. List all persons responsible connected with applicant Include all partners,officers, and owners of 10 percent more of voting stock, and employees in a managerial or executive capacity in the business. Notify the Regional MSA Program Manager of any changes in the listing

(ATTACH ADDENDUM IF MORE SPACE IS NEEDED)

Name Title	Address (Include Zip Code)	10% Or More Stock holder (if incorporated)	
		Yes (X)	No (X)

14. Enter the name of each person listed under Item 13 who has been convicted in any Federal or State court of any felony. Enter the name of each person listed under Item 13 who has been convicted 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 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."**

15. 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 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."**

AGREEMENT AND CERTIFICATION: If inspection or exemption is granted under this registration, I (we) expressly agree to conform strictly to Chapter 433 of the Health and Safety Code, the Regulations governing Meat Inspection (9CFR Part 301 et seq.) , and the applicable rules adopted by the Texas Department State Health Services. I CERTIFY that all statements made herein are true to the best of my knowledge.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, or disability. To file a complaint of discrimination, contact the U.S. Department of Agriculture, Director, Office of Adjudication and Compliance, 1400 Independence Avenue S.W., Washington, D.C. 20250-9410; or call (866) 632-9992 (toll free), (202) 260-1026, (202) 401-0216 (TDD), or (800) 877-8339 (TDD toll free). USDA and Texas HHS are equal opportunity employers and providers.

Printed or Typed Name of Person
Signing Application

Signature & Title of Owner, Partner or Authorized Officer
Making this Application

TO BE COMPLETED BY MEAT SAFETY ASSURANCE UNIT

Return Completed Application to: TEXAS DEPARTMENT OF STATE HEALTH SERVICES
MEAT SAFETY ASSURANCE UNIT - Mail Code 1872
P.O. Box 149347
AUSTIN, TEXAS 78714-9347

Date Approved Signature of Director, MSA

This establishment to be under Texas Meat & Poultry Inspection Act