

2026 WEGBY HATCHERY/BREEDING FLOCK FACILITY APPLICATION

(NPIP Subpart E)

Business Name: _____ MN LID: _____

Primary Contact: _____ NPIP #: _____

Business Address: _____ County: _____

Mailing Address (if different than above): _____

Cell Phone: _____ Home Phone: _____

E-mail: _____

1. Type of operation: Hatchery Breeding Flock Facility

2. Number of breeding birds:

Chickens _____ Turkeys _____ Waterfowl _____ Upland Gamebirds _____ Other _____

3. Number of non-breeding birds:

Chickens _____ Turkeys _____ Waterfowl _____ Upland Gamebirds _____ Other _____

4. Source(s) of birds and/or hatching eggs for the season (use back if necessary):

Check all that apply: Own Flock Other flocks/hatcheries (list below)

Source Name Source Address Source Breed/Variety

5. Incubator Capacity: _____ Hatcher Capacity: _____

6. Hatchers in use from: _____ (month) to _____ (month)

7. Do you plan to sell poultry at sales or move poultry out of state? Yes No

8. Disease Program Participation:

U.S. Pullorum-Typhoid Clean (Required)

OPTIONAL PROGRAMS – Additional samples and participation agreement required. Contact MPTL for details.

U.S. H5/H7 Avian Influenza (AI) Clean

U.S. Mycoplasma Gallisepticum (MG) Clean

U.S. Salmonella Monitored

U.S. Mycoplasma Synoviae (MS) Clean

9. I will test my flock for pullorum-typhoid disease by:

Rapid Whole Blood Test

Blood/serum samples submitted to the MPTL (required for TURKEYS)

10. List Authorized Poultry Testing Agents who will be blood testing and/or collecting samples:

I agree to participate in the U.S. Pullorum-Typhoid Clean program. I have read and agree to abide by the components of the Participation Requirements and acknowledge the associated Tennessee Warning. The information listed on this application is correct to the best of my knowledge.

Owner/Manager Signature: _____ Date: _____

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MPTL Initials	