

ARKANSAS LIVESTOCK & POULTRY COMMISSION
SUPERVISING THE NATIONAL POULTRY IMPROVEMENT PLAN
#1 Natural Resources Drive, Little Rock, Arkansas 72205

AGREEMENT TO PERFORM AS A PULLORUM-TYPHOID
PRIVATE POULTRY TESTING AGENT

License #: _____

I, _____, _____
(Name) (Address)
_____, _____, _____
(Town) (Zip) (County)
_____, _____, _____
(Area Code-Home Phone) (Area Code-Work Phone) (Email address)

In cooperation with the Arkansas Livestock and Poultry Commission, do hereby request to be granted permission to perform the responsibilities of a Pullorum-Typhoid Testing Agent in the State of Arkansas.

I DO HEREBY AGREE TO THE FOLLOWING:

1. Shall maintain a valid tester's license.
2. Shall comply with all the regulations adopted by the Arkansas Livestock and Poultry Commission.
3. Shall comply with the recommended procedures for administering pullorum-typhoid antigen in conducting the rapid whole-blood test.
4. Shall not test any flock from which pullorum-typhoid reactors were found unless this test is conducted under the direct supervision of a state inspector.
5. Shall submit reports on all tests conducted to the official agency within **10** days following completion of such test.
6. All reactors shall be isolated at the owner's location until they can be transported to the Little Rock or Springdale Laboratory for bacteriological examination.
7. All official forms and antigen shall be kept under the **exclusive control of the testing agent** to whom it was issued.
8. Shall notify the NPIP office upon change of address and/or phone number.

I understand that failure to abide by any item listed above shall be grounds for revocation of the authorized testing agent license.

Signature Date

Office Use Only:

Number of Years paid _____ (\$22/year) Amount Paid: _____

Cash _____ or Check # _____

Received By: _____ Date: _____

Key: 1-\$22 2-\$44 3-\$66 4-\$88 5-\$110