



APPLICATION FOR TEXAS MEAT AND POULTRY INSPECTION OR EXEMPTION

Meat Safety Assurance Unit
in Accordance With the Texas Meat and Poultry Act

RETURN COMPLETED APPLICATION TO:
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
MEAT SAFETY ASSURANCE UNIT- MAIL CODE 1872
P.O. BOX 149347
AUSTIN, TX 78714-9347

APPLICATION FOR TEXAS MEAT AND POULTRY INSPECTION OR EXEMPTION

Instructions:

Each application replaces a previous application

- 1. Today's Date** - Today's date will automatically be entered or please write the date.
- 2. Type of Application** - Select the type of application by using the drop down box or mark an X in the appropriate box. If OTHER is indicated please type or write the reason for application submission.
- 3. Type of Inspection/Exemption Required** - Select the type(s) of Inspection/ Exemption by using the drop down box.
***Ritual Slaughter Inspection** requires a signed letter from a religious authority that includes the NAME of the ESTABLISHMENT and the NAMES of ALL EMPLOYEE'S AUTHORIZED to engage in ritual slaughter.
***NOTE:** A Grant of Poultry/Rabbit Exemption cannot be held at the same time as a Grant of Poultry Inspection. Poultry cannot be slaughtered or processed under Custom Exemption by any establishment that holds a Grant of Poultry/Rabbit Exemption.
- 4. County of Establishment** - Type or Use the drop down arrow to select the county that the establishment will be PHYSICALLY located in.
- 5. Form of Organization** - Select the X in the drop down menu or mark an X in the box next to the type of organization. If OTHER is indicated please specify the type of organization.
***State in which Incorporated** – Select the State that the Organization is incorporated by using the drop down arrow or write it in.
***Charter Number / Franchise Taxpayer ID Number** – type or write the number in the blank provided.
- 6. Name, Address and Phone Number of Applicant** - Type or write the Applicant's name, Personal Address, Phone number & Email address (if applicable) in the lines provided.
- 7. Official Name, Physical Address and Phone Number of Establishment** - Type or write the OFFICIAL name, PHYSICAL Address, Phone number & Email address (if applicable) of the Establishment in the lines provided.
- 8. Other Names (if any) Under Which Business Will Be Conducted** - List all other names that business will be conducted under.
- 9. Establishment Mailing Address** - If the mailing address of the establishment is different from the physical address listed in BOX 7, enter it here. If the addresses are the same, leave this section blank.
- 10. Estimated Operating Schedule** - Provide the estimated number of operating days per WEEK and the total hours worked per WEEK. (Example: Days/Week 5 Hours/Week 40)
- 11. Estimated Average Slaughter Volume per Week** - Write or select the X in the drop down box to the left of the desired GRANT TYPE(S). Type or write the estimated number of each species to be slaughtered under the appropriate type of inspection/exemption. If using OTHER or VOLUNTARY, please select the species from the drop down box.
- 12. Estimated Average Processing Volume per Week** - Write or select the X in the drop down box to the left of the desired GRANT TYPE(S). Type or write the estimated VOLUME in POUNDS (lbs.) under each of the processing categories you plan to produce product under.
- 13. List all Partners, Officers and Owners (including Applicant). List Employees in a Managerial or Executive Capacity in the Business** -Include name, title, phone number and personal address (with zip code). Indicate in the space provided each person with a 10% or more voting stock. If additional space is required and an extra page is used, please check the box provided.
- 14. List any felony by person or business** listed on the application. List any violations by person or business of more than one violation of any law, other than a felony, pertaining to food. **Include the nature of the crime, the date of conviction and the court in which convicted. If none, write "NONE".**
- 15. Signature Line** – Print or Type the **APPLICANT'S NAME & TITLE** on the left blank on both the front and back sheets of the application. Please sign your name on the right blank on both the front and back pages.

13. List all **partners, officers, and owners (including applicant)**. Indicate below, using the drop down box, whether each person listed is a 10% or more stock holder. Also, list employees in a managerial or executive capacity in the business. Notify the MSA Circuit Manager of any changes in the listing.

ATTACH ADENDUM IF ADDITIONAL SPACE IS NEEDED

CHECK BOX IF ADDENDUM IS USED

Name, Title and Phone Number	Personal Address (Include Zip Code)	10% or More Stock Holder	
		Yes (X)	No (X)
Name:	Address:	<input type="checkbox"/>	<input type="checkbox"/>
Title:	City, State and Zip:		
Phone Number:	Email:		
Name:	Address:	<input type="checkbox"/>	<input type="checkbox"/>
Title:	City, State and Zip:		
Phone Number:	Email:		
Name:	Address:	<input type="checkbox"/>	<input type="checkbox"/>
Title:	City, State and Zip:		
Phone Number:	Email:		
Name:	Address:	<input type="checkbox"/>	<input type="checkbox"/>
Title:	City, State and Zip:		
Phone Number:	Email:		
Name:	Address:	<input type="checkbox"/>	<input type="checkbox"/>
Title:	City, State and Zip:		
Phone Number:	Email:		

14. List the name of the applicant (person, firm, or corporation) and/or each person listed on the application who has been convicted in any Federal or State court of any felony and/or 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 (9 CFR 301 et seq.), and any applicable rules and or regulations currently adopted or adopted in the future by the Texas Department of 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 toll free). USDA and Texas HHS are equal opportunity employers and providers.

Printed or Typed Name of Person Signing This Application Title

Signature of Owner, Partner or Authorized Officer Making This Application

TO BE COMPLETED BY MEAT SAFETY ASSURANCE UNIT	
_____	_____
Date Approved	Signature of MSA Director