



Maine Department of Agriculture, Conservation and Forestry  
 Division of Quality Assurance and Regulations  
 28 State House Station  
 Augusta, Maine 04333-0028  
 Phone: 207-287-3841 Fax: 207-287-5576  
 State Relay: 207-287-3200



**REGISTRATION OF LESS THAN 1,000 BIRD POULTRY EXEMPTION**

**Establishment Name:** \_\_\_\_\_

**Establishment Physical Location:** \_\_\_\_\_

**Mailing Address:** **Street:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Name:**  
 (Grower/Producer) \_\_\_\_\_

**Contact Phone # :** **Cell:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Email address:**  
 (optional) \_\_\_\_\_

**Date of Water Test:** \_\_\_\_\_  
 Include copy of test results, negative for coliform bacteria and nitrates

I, the undersigned, am applying to be registered as an exempt grower/producer of less than 1,000 birds/year; i.e.: exempt from continuous bird-by-bird inspection. I understand that as described in 22 MRSA 562-A, §2517-C.1, I am to be the sole owner and raiser of the birds, that they will be processed by me, on my farm, and that I am to process, package, and hold the whole-bird poultry product under sanitary conditions at all times. I further understand that my establishment is subject to periodic review of product wholesomeness, sanitary conditions, sanitary practices, adequate refrigeration and appropriate product labeling with the burden of proof of these conditions resting with me the grower/producer.

\_\_\_\_\_  
 Signature Date

For office use:

**Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Retail License Number** \_\_\_\_\_

Notice: Any false or written statements made by the applicant, with the intent to deceive a public servant in the performance of his or her official duties, may expose the applicant to criminal liabilities under 17-A MRSA 453 1.B.(1).