## APPLICATION FOR ANIMAL MANURE HANDLERS

Business Name:				
Owner's Name:				
Additional Contacts (If r	necessary)			
Mailing Address:				
City:	State:	ZIP:	County:	
Telephone #	Fax Number:		Email:	
Physical Address:				
City:	State:	ZIP:	County:	
	is established for Anin		poultry growers, and consumers thandlers, may the above information	
Signature of Applicant			Date	
Please return Completed	form to:			
Mail:			Email:	
Georgia Department of Agriculture Attn: Livestock and Poultry 19 MLK Jr Dr. SW			gdalp@agr.georgia.gov	

Georgia Department of Natural Resources, Environmental Protection Division Rules 391-3-6-.20 and 391-3-6-.21 and Georgia Department of Agriculture Rules 40-13-8 require that Animal Manure Handlers be issued a permit by the Georgia Department of Agriculture. Copies of these rules will be furnished to each applicant. For further information, please contact the Livestock/Poultry Field Forces Section of the Georgia Department of Agriculture at 404-656-3665.

Atlanta, GA 30334