



Wisconsin Department of Agriculture,  
Trade and Consumer Protection  
Division of Animal Health  
PO Box 8911, Madison, WI 53708-8911  
Phone: 608-224-4872 Fax: 608-224-4871

OFFICE USE ONLY	
Date application received	
Amount received	
Check number	

## NATIONAL POULTRY IMPROVEMENT PLAN – APPLICATION

Issued under the provisions of section ATCP 16.41, Wis. Admin. Code

This application shall be used to apply for enrollment in the National Poultry Improvement Plan. The applicant with a breeder flock must conduct appropriate surveillance testing. The test report must accompany this application. Applicants applying for an affiliate flock (all birds purchased from an NPIP source) must include a copy of a VS form 9-3 or an invoice as proof that birds were purchased from NPIP sources. The applicant must include a nonrefundable check payable to WDATCP – Division of Animal Health for the appropriate fee listed below. Mail the completed application, check, VS Form 9-2 test report (if applicable) and supporting documents to the above address.

Flock Owner Information (Individual or other legal entity)				
First name	Last name	OR Name of Legal Entity		
Mailing Address		City	State	Zip Code

AH-PO-2721 (Rev 01/11)	
	Wisconsin Department of Agriculture, Trade and Consumer Protection Division of Animal Health, Bureau of Animal Disease Control 2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911 Phone: (608) 224-4872 Fax: (608) 224-4871
<b>Wisconsin Individual Poultry Test Report</b> (s. ATCP 16.40 (1) (d), Wis. Adm. Code)	
(For use in testing individual birds for <i>Salmonella pullorum</i> and <i>Mycoplasma gallisepticum</i> for movement, sale or exhibition.)	
Use this form for testing birds from flocks not in any of the following programs: Wisconsin Tested Flock, Wisconsin Associate Flock, NPIP, NPIP affiliate.	
Flock Owner Information: (Individual or other legal entity – See instructions)	
Individual's Name: Last	First OR Name of Legal Entity:
Primary Contact for Flock:	Contact's Phone number:
Flock Owner's Address:	City State Zip Code

Wisconsin Associate flock form can be used to sell birds, if birds come from a WI Test flock or NPIP flock. Annual form No fee

Wisconsin test Flock form

To sell birds at a swap if all birds are tested on an annual basis  
No fee with this form

All Forms are Available from Wisconsin Dept of Agriculture  
608-224-4872

AH-PO-2730 (Rev 01/11)	
	Wisconsin Department of Agriculture, Trade and Consumer Protection Division of Animal Health, Bureau of Animal Disease Control 2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911 Phone: (608) 224-4872 Fax: (608) 224-4871
<b>Wisconsin Associate Flock Enrollment Application</b> (s. ATCP 16.40 (d), Wis. Adm. Code)	
For Year Ending June 30, _____	
Flock Owner Information: (Individual or other legal entity – See instructions)	
Individual's Name: Last	First OR Name of Legal Entity:
Flock Owner's Address:	City State Zip Code
Primary Contact for Flock:	Contact's Phone Number:
Flock Information:	