

CLEMSON

U N I V E R S I T Y

APPLICATION TO OPERATE A (SWINE) LIVESTOCK ASSEMBLY POINT (LSAP)

In accordance with South Carolina Law, Section 47-11-20, I hereby make application for a permit to operate a Livestock Assembly Point.

Permit holders must maintain records for two (2) years and are subject to inspection by Clemson University Livestock-Poultry Health Division as required by Chapter 4, Section 47-11-80, 47-11-85 and 27-1015. Records are to include individual animal identification, name and address of buyers, necessary tests and results, certificates of veterinary inspection or permits when required.

Type of Permit Application: New Renewal

Sale Facility Name: _____

Facility Mailing Address: _____

Facility Location Address: _____

Facility Phone No.: _____ Fax No.: _____

Facility NAIS Premises ID Number (required): _____

Days & Times sales are held: _____

Address where records are located: _____

Local Manager Name: _____ Phone No.: _____

Local Manager Address: _____

Names and addresses of all persons having financial interest in the sale:

Out-of-State Owners, indicate name and address of In-State Agent authorized to accept service of process: _____

Continue on page 2



Livestock Slaughter Assembly Point - Permit Application page 2

Number & size of pens under roof: _____

Number of pens with concrete floor: _____; with dirt floor: _____

Number of loading & unloading chutes: _____

Receiving pens flooring: Concrete Dirt

Isolation pens for animals that are sick: Number _____ Size _____ Flooring: Concrete Dirt

Water supply under pressure: Yes No Type of water supply: Well City, Town

Describe facilities for cleaning and disinfecting trucks and trailers: _____

Are you prepared to clean and disinfect your facilities' pens, chutes and alleys as provided under law? Yes No

I certify that this facility is bonded under the Federal Packers and Stockyards Act: Yes No

I agree to the following terms and conditions: According to Chapter 4, Section 47-4-30 (B) Clemson University Livestock-Poultry Health agents may come onto the premises to inspect & prescribe additional tests to ensure the continued health and well being of the livestock-poultry industry of South Carolina.

Signature of all persons listed on front as having financial interest in the sale:

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Fee: \$5.00, send a check or money order, made to: Clemson University
Mail to: Clemson University, Animal Health Programs, POB 102406, Columbia, SC 29224-2406

FOR CULPH OFFICE USE ONLY:	Date Paid _____	Receipt No. _____
	Check No. _____	Permit No. _____