

CLEMSON UNIVERSITY

APPLICATION FOR EQUINE SALES FACILITY

In accordance with South Carolina Law, Section 47-11-20, I hereby make application for a permit to operate an Equine Sales Facility. 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 27-1016. 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: _____

Do you have facilities for cleaning and disinfecting pens, trucks and trailers if needed?: 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.

Name, Address and Signature of all persons having financial interest in the sale:

Name: _____ Address: _____

Signature: _____ Date: _____

Name: _____ Address: _____

Signature: _____ Date: _____

Name: _____ Address: _____

Signature: _____ Date: _____

Name: _____ Address: _____

Signature: _____ Date: _____

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

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 _____

Check No. _____



Receipt No. _____

Permit No. _____