



INDIANA STATE BOARD OF ANIMAL HEALTH APPLICATION FOR DISPOSAL PLANT LICENSE

State Form 48563 (R4 / 4-12)

Approved by State Board of Accounts, 1997

Return to:
INDIANA STATE BOARD OF ANIMAL HEALTH
 Discovery Hall
 1202 East 38th Street, Suite 100
 Indianapolis, IN 46205-2898
 Telephone number: (317) 544-2400
 Fax number: (317) 974-2011

Name of applicant		
Address (number and street, city, state, and ZIP code)		Telephone number ()
		Fax number ()
Disposal Plant and Collection Service License List plant location (if different). Applicants located outside Indiana must submit a copy of their current license issued by their home state. (Use separate sheet if necessary.)		Fee (\$150.00); includes all vehicle permits.
Address (number and street, city, state, and ZIP code)		<input type="checkbox"/> Disposal plant (includes collection service) <input type="checkbox"/> Collection service only
		Fee paid:
Substation License List the location of each substation. (use separate sheet if necessary)		Fee (\$20.00 for each license after one)
Address (number and street, city, state, and ZIP code)		
		Fee paid:
Transport Vehicle Permits (the fee for permits is included in the disposal plant or collection service fee) List the make, model, state of registration, and license plate number of each truck or trailer that will be used by the applicant to transport nonedible by-products on Indiana roads. Include but list separately trucks or trailers used by contract haulers under your license. (Use separate sheet if necessary.)		
Contract Haulers List each contract hauler that will be operating under your license. (Use separate sheet if necessary.)		
Name		
Address (number and street, city, state, and ZIP code)		
Receipt number (office use only)	Date (month, day, year)	Total amount of fees included with this application:
Does the applicant or its contract haulers pick up dead livestock on Indiana farms?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If farm pick-ups are conducted, are there any species that will not be picked up? If yes, list those species that are excluded:		<input type="checkbox"/> Yes <input type="checkbox"/> No
If this application is for a collection service only, where will collected material be delivered?		
STATE OF _____ } COUNTY OF _____ } ss:		
IN WITNESS WHEREOF, the undersigned executes this application and verifies, subject to penalties of perjury, that the statements contained herein are true, this _____ day of _____, 20_____.		
Signature of applicant		Signature of Notary
Printed name of applicant		Printed name of Notary
County of residence		My Commission expires (month, day, year)