



pennsylvania
DEPARTMENT OF AGRICULTURE

BUREAU OF ANIMAL HEALTH & DIAGNOSTIC SERVICES

**COMMONWEALTH OF PENNSYLVANIA
ROOM 412, AGRICULTURE BUILDING
2301 NORTH CAMERON STREET
HARRISBURG, PA 17110-9408
Telephone No: 717-772-2852
Fax No. 717-787-1868**

APPLICATION FOR DEAD DOMESTIC ANIMAL DISPOSAL BUSINESS LICENSE

I, hereby, apply to the Pennsylvania Department of Agriculture for a license to operate a Dead Domestic Animal Disposal Business in compliance with the Domestic Animal Law Act of July 11, 1996(P.L. 561, No. 100) (3Pa. C.S.A. §2301-2389).

DATE: _____

FEE: \$100.00 (When Applicable)

PLEASE NOTE: A fee of \$100.00 is required for each dead domestic animal disposal plant to be operated by the applicant within this Commonwealth. Please make checks or money orders payable to the “Commonwealth of Pennsylvania” and remit along with the application to the address identified at the top of this form. As a precondition to the issuance of a license, and as a continuing condition of such licensure, the department shall inspect an applicant or licensee’s dead domestic animal disposal plants, facilities, equipment or vehicles for compliance with this chapter and its attendant regulations.

LEGAL NAME OF BUSINESS: _____

TYPE OF BUSINESS: Rendering Plant (FEE) Composting (FEE) Alkaline Digester (NO FEE)
 Pet Cemetery (Burial, with Incinerator, without Incinerator) (All NO FEE)
 Landfill (NO FEE) Incinerator Only (NO FEE) Other

EXACT LOCATION OF BUSINESS: _____
(Premises Information)

TOWNSHIP: _____ COUNTY: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BUSINESS PHONE NO: (____) _____ FAX: (____) _____

SPECIES: _____

OPERATOR/OWNER NAME: _____

ADDRESS: _____

COUNTY: _____ CITY: _____ STATE: _____

OPERATOR/OWNER PHONE NO: (____) _____ FAX: (____) _____ EMAIL: _____



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The following trucks will be used in making collections:

| License No. | Year | Make | Model |
|-------------|------|------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

List Authorized Agents to be permitted to haul for Your Business:

| Name & Mailing Address of Authorized Agents Requiring Permits | License No. of Truck | Make | Model |
|---|----------------------|------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
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IMPORTANT: Please report any additions or deletions (including new trucks or new license numbers) to the Pennsylvania Department of Agriculture, Bureau of Animal Health and diagnostic Services, within thirty (30) days.

AUTHORIZED SIGNATURE FOR APPLICANT: _____