

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF MEAT AND POULTRY SERVICES
**APPLICATION FOR RED MEAT PERMIT OF EXEMPTION UNDER
THE VIRGINIA MEAT AND POULTRY PRODUCTS INSPECTION
ACT**

Submit the original application to the Richmond
Office;
VDACS-AFIS-OMPS
102 Governor Street, Suite 133
Richmond, VA 23219

Application is hereby submitted for a Permit of Exemption as provided by Section 303.1(a) (2) of the Rules and Regulations governing the inspection of Meat in the State of Virginia

The following information is submitted in support of this application. Complete all sections. If a section is not applicable, enter N/A or None.

1. Name of Applicant and mailing address

Name:

Address:

City:

State & Zip Code:

2. Telephone number and email address of applicant

Phone:

Email:

3. Actual Name of Company and physical location address
of exempt facility (if different than block 2)

Name:

Address:

City:

State & Zip code:

4. Type of exemption applied for (check all that apply)

Exempt Slaughter of Livestock

Exempt Processing of Meats

5. Will the facility also process meat under the retail exemption? **To claim the retail exemption, meat must have been slaughter and processed under USDA or Virginia Office of Meat and Poultry Services inspected facility.**

Yes

No

The undersigned acknowledges an understanding of the requirements for initial and renewal exemption permits as provided by Section 303.1 of the Rules and Regulations Governing the Inspection of Meat in the State of Virginia and agrees to comply with same.

AGREEMENT AND CERTIFICATION: If a permit of exemption is granted under this application, I expressly agree to conform strictly to the Virginia Meat and Poultry Products Inspection Act, and all regulations promulgated there under. I CERTIFY that all statements made herein are true to the best of my knowledge and belief.

This is an EQUAL OPPORTUNITY PROGRAM. If you believe you have been discriminated against on the basis to race, gender (including sexual harassment, sexual orientation, gender identity and pregnancy), color, national origin, religion, age, veteran's status, political affiliation, or disability, write or call: Program Manager OMPS, 102 Governor Street, Suite 133, Richmond, VA 23218. Phone 804-786-4569 (voice) or Human Resource Office 804-371-7719 (voice) 800-828-1120 (TDD) email: hr.vdacs@vdacs.virginia.gov

Signature: _____

Owner or Manager

Date: _____

FOR OMPS STAFF REVIEWING THE FACILITY

APPROVED YES

NO

Signature: _____ Date: _____

FOR RICHMOND OFFICE USE ONLY:

PERMIT NUMBER: _____ City/County Code: _____ (Check one) New Renewal