

Georgia Department of Agriculture APPLICATION FOR ANIMAL MANURE HANDLERS

Busine	ss Name:											
Owner	's Name:											
Additio	onal Contac	ts (if ne	ecessary)	:								
Mailing	g Address:											
CITY:		,	STATE:			ZIP:			COUNTY:			
Telepho	Telephone#		Fax Number:					E-1	Mail :			
	•		1	_				•				
Physica	al Address:											
CITY:			STATE:			ZIP:	IP:		COUNTY:			
					_							
Counties in which business operates (cleans houses out and/or spreads manure)												
	•-										-	
A website may make it easier for Animal Manure Handlers, poultry growers, and consumers to locate each other. If a website is established for Animal Manure Handlers,												
may the above information be listed for your business? YES NO												
Signature of Applicant										Date		
Georgi	a Departm	ent of	Natural	Resour	ces,	Envir	onme	enta	l Prote	ection	Division Rules	
											Rules 40-13-8	
require Agricul	that Anim	al Man	ure Hand	llers be	e issi	ued a j	permi	it by	the G	eorgia	a Department of nt. For further	
0											of the Georgia	
Depart	ment of Ag	ricultur	e at (770) 535-5	5955	·	riciu	rro	ices b	cction	of the deorgia	
	ce use only:						1. T	7	ı		1	
ı Permit	Permit Number Date Issued											