



THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS

Department of Agricultural Resources

100 Cambridge Street, 9th Floor, Boston, MA 02114 www.mass.gov/agr



Maura T. Healey
GOVERNOR

Kimberley Driscoll
LIEUTENANT
GOVERNOR

Rebecca L. Tepper
SECRETARY

Ashley E. Randle
COMMISSIONER

Requestor Information Please provide information about the person(s) making this request.

Requestor First Name: _____

Requestor Last Name: _____

Requestor Phone Number: _____

Requestor Email: _____

Origin Information Please provide information regarding the origin of the shipment to be permitted. P.O. Box addresses are not acceptable. 911 address of location of animals is required.

Point of Contact at Origin: _____		Phone Number: _____	
Approximate Shipping Start Date _____			
Street Address: _____			
City: _____	State: _____	Zip Code: _____	Origin Premises ID: _____

Destination Information Please provide information regarding the destination of the shipment to be permitted. P.O. Box addresses are not acceptable. 911 address of location of animals is required.

Point of Contact at Destination: _____		Phone Number: _____	
Approximate Shipping End Date _____			
Street Address: _____			
City: _____	State: _____	Zip Code: _____	Destination Premises ID: _____

Planned Movement Details Please provide the requested information in order to have your permit request processed.

Type of Movement	Permit Reason	Items to Permit
<input type="checkbox"/> Into Control Area <input type="checkbox"/> Out of Control Area <input type="checkbox"/> Within Control Area <input type="checkbox"/> Control Area to Control Area <input type="checkbox"/> Free Area to Free Area <input type="checkbox"/> Other: _____	<div><input type="checkbox"/> Direct to Break Facility <input type="checkbox"/> Direct to Commercial Wholesaler <input type="checkbox"/> Direct to Farm <input type="checkbox"/> Direct to Hatchery <input type="checkbox"/> Direct to Hunt Preserve <input type="checkbox"/> Direct to Incineration <input type="checkbox"/> Direct to Incubator Facility <input type="checkbox"/> Direct to Laboratory <input type="checkbox"/> Direct to Landfill <input type="checkbox"/> Direct to Laying Facility</div> <div><input type="checkbox"/> Direct to Off-site Burial <input type="checkbox"/> Direct to Processor <input type="checkbox"/> Direct to Renderer <input type="checkbox"/> Direct to Slaughter <input type="checkbox"/> Direct to Vaccine Production <input type="checkbox"/> In Commerce <input type="checkbox"/> Quarantine <input type="checkbox"/> Temporary Relocation <input type="checkbox"/> Other: _____</div>	<input type="checkbox"/> Groups of Animals <input type="checkbox"/> Feed <input type="checkbox"/> Product <input type="checkbox"/> Eggs <input type="checkbox"/> Semen <input type="checkbox"/> Embryos <input type="checkbox"/> Compost <input type="checkbox"/> Truck/Trailers <input type="checkbox"/> Animals without ID <input type="checkbox"/> Individually Identified Animals <input type="checkbox"/> Identifiable Animal Groups <input type="checkbox"/> Milk <input type="checkbox"/> Manure/Litter <input type="checkbox"/> Hay/Forage <input type="checkbox"/> Water <input type="checkbox"/> Other: _____

Item Class			
<input type="checkbox"/> Bulk feed <input type="checkbox"/> Carcasses- Daily Mortality <input type="checkbox"/> Carcasses- Euthanized <input type="checkbox"/> Cattle-Beef <input type="checkbox"/> Cattle-Dairy <input type="checkbox"/> Chicken-Backyard Chickens <input type="checkbox"/> Chicken- Broilers <input type="checkbox"/> Chicken-Hens <input type="checkbox"/> Chicken- Pullets <input type="checkbox"/> Ducks-Breeders <input type="checkbox"/> Ducks-Ducklings <input type="checkbox"/> Ducks-Meat Ducks	<input type="checkbox"/> Dumpsters/Garbage <input type="checkbox"/> Egg-Edible Non-pasteurized liquid <input type="checkbox"/> Egg- Edible Pasteurized Liquid <input type="checkbox"/> Egg-Egg Shells <input type="checkbox"/> Egg-Embryonated Eggs <input type="checkbox"/> Egg-Hatching Eggs <input type="checkbox"/> Egg-Inedible Egg Sludge <input type="checkbox"/> Egg-Nest Run Eggs <input type="checkbox"/> Egg-Washed and Sanitized Table Eggs <input type="checkbox"/> Fresh/Frozen Poultry Product <input type="checkbox"/> Manure <input type="checkbox"/> Milk-Raw Milk	<input type="checkbox"/> Offal <input type="checkbox"/> Other- Live Game Birds <input type="checkbox"/> Poultry Litter <input type="checkbox"/> Propane Delivery <input type="checkbox"/> Quail- Chicks <input type="checkbox"/> Quail-Hatching eggs <input type="checkbox"/> Quail-Hens <input type="checkbox"/> Swine- Breeding Swine <input type="checkbox"/> Swine- Cullis <input type="checkbox"/> Swine-Market Hogs <input type="checkbox"/> Swine-Semen <input type="checkbox"/> Swine-Slaughtered	<input type="checkbox"/> Swine-Weaned Piglets <input type="checkbox"/> Swine-Feeder Pigs <input type="checkbox"/> Trays/Cartons <input type="checkbox"/> Turkey-Breeder Hens <input type="checkbox"/> Turkey-Breeder Toms <input type="checkbox"/> Turkey- Meat Birds <input type="checkbox"/> Turkey- Poults <input type="checkbox"/> Turkey- Semen <input type="checkbox"/> Turkey- Spent Hens <input type="checkbox"/> Other: _____
Required for Permit: Number of Items (chicks, ducklings, poults, hatching eggs, etc.) to be Transported Per Day _____	Official ID Please provide official IDs of items being transported. Separate IDs using a comma. <div style="height: 150px;"></div>		
Units of Items <input type="checkbox"/> Head <input type="checkbox"/> Load <input type="checkbox"/> Group <input type="checkbox"/> Gallons <input type="checkbox"/> Pounds <input type="checkbox"/> Tons <input type="checkbox"/> Bales <input type="checkbox"/> Dozens <input type="checkbox"/> Cases <input type="checkbox"/> Other			
Other Information: <i>Is there any other information you feel necessary to provide relating to this request?</i> <div style="height: 150px;"></div>			

Permit Contact

Please provide contact information for whomever should be notified of the permit number if this request is approved

Name: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Please submit completed form to Megan.Megrath@mass.gov