This report is required by certain states for the interstate shipment of poultry products. Failure to report may result in non-acceptance of shipment.

See reverse side for additional OMB information.

FORM APPROVED - OMB NO. 0579-0007

REPORT NO. Y 050501

1. DATE OF SHIPMENT

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL POULTRY IMPROVEMENT PLAN

REPORT OF SALES OF HATCHING EGGS, CHICKS, AND POULTS

2. NAME & ADDRESS OF PURCHASER ***(Include zip code)***

3. NAME & ADDRESS OF PRODUCER OR SHIPPER ***(Include zip code)***

4. QUANTITY	5. VARIETY, STRAIN, OR TRADE NAME	6. PRODUCT					7. SEX			8. TYPE ***(Intended use)***									9. CLASSIFICATION - U.S.															
										Commercial Production Stock			Multiplier Breeding Stock			Primary Breeding Stock																OTHER *(Specify)*	
		Chicken Eggs	Turkey Eggs	Chicks	Poults	Other	Straight-run	Females	Males	Eggs	Meat	Other	Eggs	Meat	Other	Eggs	Meat	Other	Pullorum Typhoid Clean	M. Gallisepticum Clean	M. Synoviae Clean	M. Meleagridis Clean	S. Enteritidis Monitored	S. Enteritidis Clean	Salmonella Monitored	Sanitation Monitored	Avian Influenza Clean	H5/H7 AI Monitored	H5/H7 AI Clean	M.G. Monitored	M.S. Monitored		

10. REMARKS ***(Services performed on products in shipment, e.g.; vaccination, debeaking, dubbing, etc., but not necessarily certified by a State Inspector.)***

This is to certify that the above name producer or shipper is participating in the National Poultry Improvement Plan.

11. SIGNATURE OF STATE INSPECTOR

12. DATE

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VS FORM 9-3
(DEC 2005)

(Previous editions are obsolete.)

PART 1 - To Accompany Shipment

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