

**Arizona Department of Agriculture**

Attention: Self-Inspection
 1688 West Adams
 Phoenix, AZ 85007
 Phone: (602) 542-6407
 Fax: (602) 542-4290
 Email: selfinspection@azda.gov

For Internal Use Only

Receive Postmark Date _____
 New Expiration Date _____
 Processed Date _____

Application for Self-Inspection Certificates:

Pursuant to ARS 3-1203, 3-1337

Instructions

This application is valid for two years. Please review and correct the information below. Unsigned forms are not valid. Notify the Department within 30 days of any change to the information provided below and include the commercial operation being sold, leased, transferred, or disposed of. For other physical locations, use additional sheets. Updates are available at <https://agriculture.az.gov/animals/animal-services-inspections/livestock-inspections/self-inspections>.

Applicant Information

Business Name: _____

Last Name: _____ First Name: _____

Email: _____

Phone 1: _____ Phone 2: _____ Cell: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (if different): _____

City: _____ State: _____ Zip: _____

AZ Registered Brand # _____ AZ Flock ID # _____ National Premises ID # _____

Have you (the applicant) been convicted of a felony under ARS Title 3 within the last three years? _____

If yes, Case Number: _____ Court: _____ Charge: _____ Sentence: _____

Authorized Signatures

Applicants may designate four individuals, in addition to the applicant, authorized to sign self-inspection certificates. Animal Services Division must be notified immediately concerning any changes in signature authority.

Signature 1: _____
 Printed Name _____ Signature _____

Signature 2: _____
 Printed Name _____ Signature _____

Signature 3: _____
 Printed Name _____ Signature _____

Signature 4: _____
 Printed Name _____ Signature _____

Signature

I certify that the information submitted on these forms is true and correct to the best of my knowledge. I UNDERSTAND THAT ALL COMPLETED OR VOIDED CERTIFICATES MUST BE RETURNED TO THE DEPARTMENT WITHIN 10 DAYS AFTER THE END OF THE MONTH IN WHICH THE CERTIFICATE WAS USED OR VOIDED, ACCOMPANIED BY ALL APPLICABLE FEES.

Printed Name _____ Title _____ Signature _____ Date _____