OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD, AND FORESTRY
Agricultural Environmental Management Services Division
P.O. Box 528804
Oklahoma City, Oklahoma 73152
(405) 522-5892

CONCENTRATED ANIMAL FEEDING OPERATION (CAFO) LICENSE APPLICATION

☐ New Facility   ☐ Expanding Facility   ☐ Existing Facility

1. Applicant

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Corporate Contact _____

Facility Contact _____

2. Facility

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Legal Description _____

County _____

Driving Directions to facility from nearest town: _____
_____

3. Operator: _____

   Address _____ City _____ State _____ Zip _____

4. Number and Type of animals confined and maintained at the facility:

	Type	# of Animals	Factor	Animal Units
☐	Dairy Heifers	_____	× 1.0	_____
☐	Dairy Cattle	_____	× 1.4	_____
☐	Slaughter/Feeder Cattle	_____	× 1.0	_____
☐	Horse	_____	× 2.0	_____
☐	Sheep or Lambs	_____	× 0.1	_____
☐	Chickens	_____		_____
☐	Turkey	_____		_____
☐	Ducks	_____		_____
☐	Other	_____		_____
	Total Animals _____		Total Animal Units _____	

Animal Units	License Fee
Less than 250	$15.00
250 to 500	$37.50
501 to 3,000	$75.00
3,001 to 10,000	$150.00
More than 10,000	$225.00

If your facility is expanding, list your current licensed capacity:

Total Animals _____   Total Animal Units _____

Enclosed is $_____ for an Oklahoma CAFO License fee based on this facility's capacity as calculated by animal units.

Licenses shall expire June 30th of each year and may be renewed upon payment of the annual license fee and continued compliance with the provisions of the Oklahoma CAFO Act and the rules and regulations of the Board.

5. Attachments to be submitted with this application:

    A. A completed State CAFO Application Checklist (Form AEMS008). Each requirement found in the State CAFO Application Checklist must be addressed by the applicant. If the requirement is not applicable, you must state "Not Applicable" and give an explanation. If a requirement is not addressed, the application is considered incomplete.
    B. Financial statement of the applicant's financial ability to operate and close an animal feeding operation with liquid waste management system. Include a general release that the financial information may be verified with banks and other financial institutions. ***(Financial statement must be from a third party independent source.)***
    C. A notarized sworn statement signed by the applicant accepting full responsibility for properly closing all waste retention structures upon termination of operation.
    D. Facility design information [two (2) sets of engineering drawings and specifications].
    E. A Pollution Prevention Plan (PPP) which contains an Animal Waste Management Plan (AWMP), a Carcass Disposal Plan (CDP), an Erosion Control Plan, a Spill Contingency Plan, and Best Management Practices.
    F. A Closure Plan.
    G. Pursuant to Oklahoma Statutes Title 56, Section 71, the Affidavit of Lawful Presence in the United States (Form AEMS064) must be signed, notarized and returned with this application.

Note: Each requirement found in the above application must be addressed by the applicant. If the requirement is not applicable, you must state "Not Applicable" and give an explanation. If a requirement is not addressed, the application is considered incomplete.

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Notarize the following statement: "I certify under penalty of law this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for knowingly submitting false, inaccurate, or incomplete information, including the possibility of fines for each violation."

This application to be signed by the following: (A) Corporation: The Principal Executive Officer, Vice President Minimum (B) Partnership: A General Partner (C) Sole Proprietorship: The Proprietor.

Name _____
Type or print name and title

Signature_____ Date signed _____

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20 _____
.

(SEAL)   _____
                                                        Notary Public

My commission expires: _____

Commission Number: _____

LAGOON CLOSURE STATEMENT

I, _____, accept full responsibility for properly closing all

waste retention structure at the facility known as _____ in the event

it ceases to operate, function, or is ordered to close by action of the Oklahoma Department of Agriculture,

Food, and Forestry.

_____   _____
            Date   Signature and Title

ACKNOWLEDGEMENT

STATE OF OKLAHOMA   )
) ss
COUNTY OF _____   )

Signed or attested before me on _____, 20_____ by _____.

                                         _____
(SEAL)   Notary Public

Commission Number: _____

My Commission Expires: _____

Instructions for Required Affidavit:

All natural persons applying for a new or transfer CAFO license from the Oklahoma Department of Agriculture, Food, and Forestry (Department) are required, by the provisions of 56 O.S. Supp. 2007 §71, to provide the Department with verification of lawful presence in the United States by executing the Affidavit below before a notary public or other officer authorized to notarized affidavits under State law.

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

Affidavit of

_____
[Print Applicant's Name]

STATE OF OKLAHOMA   )
) ss:
COUNTY OF _____)

_____, of lawful age, being first duly sworn, upon Applicant's oath

states, _____ under penalty of perjury, as follows:
        [Print Applicant's Name]

      I am a United States Citizen, or I am a qualified alien under the federal Immigration and

Naturalization Act, and I am lawfully present in the United States.

                                     _____
                                          [Signature of Applicant]

Subscribed and sworn to or affirmed before me this _____ day of _____, 20___, by
_____.
      [Print Applicant's Name]

      Signature of notary public _____

      My commission expires _____

      Commission number _____

      (SEAL)