## Instructions to Complete Live Poultry Dealer Inquiry Form P&SP-1500

This form is used by each individual, corporation, or association engaged in business as a poultry dealer and is required by Section 201.94 and section 201.100 of the regulations under the Packers and Stockyards Act, 1921, as amended and supplemented.

Mail the completed form to the regional office of the Packers and Stockyards Program that covers your state. The states covered by each regional office are listed below the regional office's address.

Regional Offices of the Packers and Stockyards Program				
Grain Inspection, Packers and Stockyards Administration				
Eastern Regional Office	Western Regional Office	Midwestern Regional Office		
Suite 230	3950 Lewiston St., Suite 200	Room 317		
75 Spring Street	Aurora, CO 80011-1556	210 Walnut Street		
Atlanta, GA 30303-3308	Telephone: (303) 375-4240	Des Moines, IA 50309-2110		
Telephone: (404) 562-5840	FAX: (303) 371-4609	Telephone: (515) 323-2579		
FAX: (404) 562-5848	e-mail:	FAX: (515) 323-2590		
e-mail:	PSPDenverCO.GIPSA@usda.gov	e-mail:		
PSPAtlantaGA.GIPSA@usda.gov	_	PSPDesMoinesIA.GIPSA@usda.gov		
States Covered	States Covered	States Covered		
AL, AR, CT, DC, DE, FL, GA, LA,	AK, AZ, CA, CO, HI, ID, KS, MT,	IA, IL, IN, KY, OH, MI, MO, MN,		
MA, MD, ME, MS, NC, NH, NJ,	NM, NV, OK, OR, TX, UT, WA,	ND, NE, SD, WI		
NY, PA, RI, SC, TN, VA, VT, WV	WY			

Additional copies of the report may be obtained from the regional office covering your state. All inquiries concerning any section or part of a section contained in the report can also be addressed to that regional office.

Line No.	Subject	Instructions		
Section 1-General Information				
1	Name and Address	Enter the name and street, city, state, and zip code of the poultry firm. If you are completing the form as an individual, list your personal name and mailing address.		
2	Type of Organization	Check the appropriate box to indicate the type of organization as it applies to the business's operation.		
3a	Phone, Fax, Cell	Enter the firm's telephone number(s), fax number(s), and the cell phone		
through 3c	Phone Numbers	number(s) of the owner(s) of the firm.		
4	E-mail Address	Enter the e-mail address of the firm or of one of its owners.		
5	State Formed, Date Formed	If the type of firm is not "individual," enter the state where the organization was formed and the date that it was formed.		
6	Fiscal Year	If the firm operates on a fiscal year enter the end month and day for the fiscal year for which the report is providing information.		
7a	Name and Address of	For each owner and every partner, enter their name, title, respective		
through	Owners, Officers,	percentage of ownership, and their personal mailing address (street, city,		
7d	Directors, and/or Partners	state, and 9 digit zip code). Provide this information for every individual with any ownership interest in the applicant's operation.		
		For every officer and each director, enter their name, title, and their personal mailing address (street, city, state, and 9 digit zip code).		
Section 2 – Description Of Business				
8	The poultry Firm is A	Check the appropriate box to indicate what activities within the poultry business your firm conducts.		
	Section 3 – Live Poultry Purchases			
9a	Did the Firm	Check the appropriate box(es) to indicate if the firm purchased live poultry		
and	Purchase Live	for slaughter in the past year. If you check "Yes," write the FSIS		
9b	Poultry for Slaughter	establishment number on line number 9b.		
10	Did Firm Purchase	Check the appropriate box to indicate if the firm purchased live poultry to		
	Live Poultry to Sell to a Firm that	sell to another firm that slaughters.		
	Slaughters			

Line No.	Subject	Instructions		
11	Did the Firm's	Check the appropriate box to indicate if the firm's purchases originated		
	Purchases Originate	outside of the state in which it was slaughtered.		
	Outside of the State			
	in Which Slaughtered			
12	Total Cost of Live	Enter the total cost of all poultry purchased for the firm's account for the		
	Poultry Purchased for	past year.		
	Firm's Account in a			
	Year			
		ve Poultry Produced Under Growing Arrangements		
13	Did Firm Obtain	Check the appropriate box to indicate if the firm obtained poultry using a		
	Poultry Using a	growing arrangement for the poultry's own slaughter.		
	Growing			
	Arrangement for Its			
	Own Slaughter			
14	Did Firm Sell or	Check the appropriate box to indicate if the firm sold or purchased poultry		
	Contract Poultry	obtained using a growing arrangement.		
	Obtained Using a			
	Growing			
1.5	Arrangement			
15	Did Poultry Obtained	Check the appropriate box to indicate if the poultry obtained by the firm		
	Originate Outside of the State in Which	originated outside of the state in which the poultry was slaughtered.		
16	Slaughtered Growers with	Enter the number of growers with growing arrangements. Enter the names		
10	Growing	of growers with growing arrangements. List the names of the growers in the		
	Arrangements	space provided under Section 7.		
17	Estimated Yearly	Enter the estimated yearly dollar value of poultry obtained under growing		
17	Value of the Poultry	arrangements.		
	Obtained Under	urungements.		
	Growing			
	Arrangements			
		Section 5-Poultry Product Sales		
18	Did the Firm Sell or	Check the appropriate box to indicate if poultry products your firm		
	Ship Any Poultry	manufactures or prepares are sold or shipped to another state.		
	Products	1 1		
	Manufactured or			
	Prepared by It			
	Outside the State for			
	Slaughter			
19	Did the Firm Sell or	Check the appropriate box to indicate if poultry products your firm		
	Ship Any Poultry	manufactures or prepares are sold or shipped to the U.S. Government.		
	Products			
	Manufactured or			
	Prepared by It to the			
	U.S. Government			
20	T 10.1	Section 6 – Poultry Product Sold		
20	Total Sales	Enter the total sales of poultry products and by-products sold during the last fiscal year.		
	Section 7-Remarks			
21	Remarks	Enter additional information or provide explanations for any numbered items		
		above. Include the list of names of growers with growing arrangements.		
22	Signature	An owner or officer of the firm must sign line number 22.		
23	Title	Enter the official title of the person signing.		
24	Date	Enter the date that the form was signed.		