



Michigan Department of Agriculture & Rural Development

AH-062 (Rev 7/15)

P.O. Box 30776, Lansing, MI 48909-8276 • 517-284-5771

In accordance with 1982 PA 239, as amended.

Disposal or Transporting of Dead Animals Application

License Year Ending: _____ Status: New Renewal No Longer Needed

If Renewal, License No. of Establishment(s): _____

Business Information

Business Name: _____

Business Address: _____

City: _____ State: _____

County: _____ Zip: _____

Business Phone: (____) _____ Business Fax: (____) _____

Business Email: _____

Mailing address if different from above: Street or P.O. Box: _____

Blank Space
For Official Use Only

City: _____ State: _____ County: _____ Zip: _____

Corporate/Owner Information

Ownership Type: Corporation Sole Ownership Partnership L.L.C. Other: Specify _____

Corporation Name: _____

Owner/President (CEO) Name: _____

Street Address of Corporation or Owner: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Emergency Contact: (____) _____ Cell Phone: (____) _____

Federal/Tax ID #

License Fees (Non-refundable)

Plant License Fee \$375 AOBJ 0453 Animal Feed Manufacturing Plant \$200 AOBJ 0453

Transfer Station \$100 AOBJ 0453 Dead Animal Dealer \$100 AOBJ 0215

Vehicles Used to Transport Unprocessed Materials

Total # of Vehicles _____ @ \$25 each = \$ _____ AOBJ 0215

List individual vehicle information on back

Payment Method: Check/Money Order No. _____ Amount enclosed: _____

Please make check/money order payable to the State of Michigan and submit to the address at the top of the page.

Signature: _____ Date: _____

Please print your name here: _____

Title: _____

Application continues
on page 2 of this form

www.michigan.gov/mdard-licensing

Truck License Plate Information (Indicate all to be used to haul unprocessed materials in Michigan)

| Make | VIN Number | License Plate Number | State |
|------|------------|----------------------|-------|
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Destination of Unprocessed Materials (Must be filled out if using vehicles to transport unprocessed materials)

Please list the business name(s) and address(es) for the destination(s) for the dead animals.
If a facility is located in another state, you must include a current certified copy of that facility's license.

Destination Type: Transfer station Animal feed manufacturing plant Rendering plant

Other: Specify _____ Destination Phone: (____) _____

Destination Name _____

Street Address: _____

City: _____ State: _____ County: _____ Zip: _____

Destination Type: Transfer station Animal feed manufacturing plant Rendering plant

Other: Specify _____ Destination Phone: (____) _____

Destination Name _____

Street Address: _____

City: _____ State: _____ County: _____ Zip: _____