



# Oklahoma Department of Agriculture, Food, & Forestry

Food Safety Division, Meat Inspection Services  
2800 N. Lincoln Boulevard  
Oklahoma City, OK 73105-4298

## Certificate of Registration for Distributors, Meat Brokers, and Public Warehousemen

Registration/Certificate No. \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(include zip code)

Location of Premises: \_\_\_\_\_

Business Phone (include area code): \_\_\_\_\_

Type of Business:       Distributor       Meat Broker       Public Warehouse

Business is:             Individual       Partnership       Corporation

List name and address of each partner or corporate officer.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Name of operator if different than owner. \_\_\_\_\_

I understand that my operations will be subject to compliance reviews as provided by Oklahoma Statutes.

.....  
*Signature*

.....  
*Date*

.....  
*Title*

.....  
*Print Name*