

NPIP Tester Information Sheet

Please provide the following information:

Name: _____

Address: _____

City: _____, Kansas Zipcode: _____

(This program is for KANSAS residents only)

Telephone Number: _____

Cell / Work Number: _____

Email Address: _____

What primary poultry businesses are you currently involved in?

Why do you wish to become a certified poultry testing agent in Kansas?

To request a DVD copy of the Pullorum Typhoid Testing protocol, please **remit \$5**

(checks made payable to: KSU Animal Sciences & Industry)

Send request and payment to:

Pullorum Typhoid Testing
C/O Charlotte Bruna
Department of Animal Sciences & Industry
Kansas State University
139 Call Hall
Manhattan, KS 66506-1600

The information can also be found online at: <http://www.asi.ksu.edu/DesktopDefault.aspx?tabid=1039>

There is no cost if viewed online.

Thank you!