

## NPIP Tester Information Sheet

Please provide the following information:

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

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_, Kansas                      Zip Code: \_\_\_\_\_

(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?

Send NPIP Exam and Tester Information Sheet to:

Pullorum Typhoid Testing  
c/o Kevin Snell  
Department of Animal Sciences & Industry  
139 Call Hall  
1530 Mid-Campus Drive North  
Manhattan, KS 66506-1600

The information can also be found online at:

<http://www.asi.k-state.edu/research-and-extension/poultry/npip-testing-program/>

*Thank you!*