PLEASE FORWARD THIS REQUEST AT LEAST 21 DAYS PRIOR TO THE EVENT

GEORGIA DEPARTMENT OF AGRICULTURE ANIMAL INDUSTRY REQUEST FOR SPECIAL SALE OR SHOW PERMIT

Name												
							.,					
Address			1 ~	E-Mail								
City		1		Sta	ate			Zip Cod	le			
Phone Nu	mber					Fax Number	er					
I/we are (check one of the following):												
Licensed/Bonded Sales Establishment										al 🔲		
Associatio	n 🗌	Advisor		4-H Club	FFA Ch	hapter Other (Explain)						
	I/we are requesting a permit for (check one of the following):											
Rodeo; Other (Explain)												
Name of E												
Address of	f Event						County					
City				Sta	ate			Zip Cod	le			
Phone Nu	mber			•		Fax Number	er					
						•						
SALE INFORMATION												
Please indicate physical address if Mailing is a P. O. Box												
Location (if different from above)												
Location	(ii dilicit	ont from aco	,,,									
Day		Date	l l	Time		Check-ir	Date	& Time				
	nolo	Date		THIC	Vot							
Type Animals Veterinarian assisting in sale												
PLEASE MAKE SURE THE ABOVE INFORMATION IS INCLUDED IN YOUR REQUEST												
CHOW INDONES TO THE OWNER OF THE OWNER O												
SHOW INFORMATION Please indicate physical address if Mailing is a P. O. Box												
	(10.1100		ase ind	icate phys	ical add	iress if Maili	ng is a	P. O. Box	<u> </u>			
Location	ı (if diffei	rent from										
	above)											
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City		S	tate	,		Zip Code			Cour	-		
Type Anir	nals	Day		Date		Show/Time		Check-	Check-in Date & Time (Be			
							Specifi	Specific)				
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2.												
3.												
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11	A CHARLET	LINE BUK	-/ 1111		II II OI	WIA 11011 18	HICL	ODED IN	100	K KEQUESI		
I understand that I/we are responsible for meeting Georgia Laws and Rules for Special Sales or Shows.												
Signature Position												
				Position								
Print Nam	e											

Persons selling livestock, other than owner, must be bonded. For information, call 1-800-282-5852 extension 3725.

Please Email this form to gdalp@agr.georgia.gov