

COLORADO DEPARTMENT OF AGRICULTURE
ANIMAL INDUSTRY DIVISION
700 Kipling St, Suite 4000 Lakewood, CO 80215-8000

Application for Seamed Leg Band

Date \_\_\_\_\_ Name of Facility or Applicant \_\_\_\_\_

Facility ID ( if applicable) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Species \_\_\_\_\_ Description \_\_\_\_\_

Age or Hatch Date \_\_\_\_\_ Date Acquired \_\_\_\_\_

Source of Bird: Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Reason Unbanded: \_\_\_\_\_

Note: Bird bands must be applied using a bird band tool designed to safely apply the band without injury to the bird.

Applicable PACFA Regulations

11.00 I. 1. c. Wholesale/ Retail PACFA Regulations: Application for Band. Application for a traceable seamed leg band must be made to the Department. Necessary documentation to be provided includes all purchase or transfer records, health certificates, or quarantine information.

13.00 E. 3. Bird Breeder Facility Regulations: Application for Band. Application for a traceable seamed leg band must be made to the Commissioner. Necessary documentation to be provided includes all purchase, transfer, or breeding records, health certificates, or quarantine information.

Signature of Applicant \_\_\_\_\_

OFFICE USE ONLY
Band Number(s) Issued \_\_\_\_\_
Band Size \_\_\_\_\_

Utilize this portion only if paying with a credit card

Type of credit card: MC Visa Discover AmEx

Name as it appears on card: \_\_\_\_\_

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

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

By signing below, I agree that the credit card above will be charged the full amount. In addition, I agree to pay an additional non-refundable 2.25% of the total amount due to cover the cost of the credit-card transaction and a one-time non-refundable processing fee of \$.75.

Signature: \_\_\_\_\_