

Idaho Department of Agriculture  
Division of Animal Industries  
P.O. Box 7249  
Boise, ID 83707

**APPLICATION FOR LICENSE FOR OPERATION  
OF A  
RENDERING ESTABLISHMENT**

I hereby apply for a license to operate a Dead Animal Collection and Disposal Service in accordance with Sections 25-3201 et seq., Idaho Code.

1. Name and address of applicant \_\_\_\_\_  
Name

\_\_\_\_\_  
Address (*number & street*) City State/Zip Phone

2. Name & Location of place of business \_\_\_\_\_  
Name

\_\_\_\_\_  
Address (*number & street*) City State/Zip County

3. Method used in disposing of animal carcasses, parts of bodies, scraps, grease:

Burial in an approved landfill, or

Hauling to a licensed rendering facility.

4. Number of trucks owned or operated by applicant or employees for hauling dead animals and animal parts: \_\_\_\_\_

All dead animals and animal parts material shall be transported to the approved landfill or licensed rendering establishment in covered and leak-proof vehicles, such vehicles to be used for this purpose only and to be cleaned and disinfected after delivering each load.

Vehicles used to collect and transport dead animals and animal parts shall be emptied on the same day as collected unless disposal facilities are closed, in which case vehicles shall be emptied on the next disposal facility work day.

Vehicles which contain dead animals or animal parts that must be held over till the next work day shall be parked in such a place and in such a manner that hold over of dead animals and animal parts will not adversely affect people, live animals or the environment.

Disposal of dead animals and animal parts for my service will be accompanied by:

Burial in approved landfill: \_\_\_\_\_  
(Landfill Name)

\_\_\_\_\_  
(Landfill Address)

Rendering at a licensed rendering establishment: \_\_\_\_\_  
(Establishment Name)

\_\_\_\_\_  
(Establishment Address)

**Note:** Application is to be accompanied by a \$25.00 license fee.

I respectfully request that a license be issued to operate a Dead Animal Collection and Disposal Service for the following counties:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

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