**REFERENCE: 15/5/2/4**

Department of Agriculture: Western Cape

**VETERINARY PUBLIC HEALTH**

VETERINARY SERVICES

Petunia.Danti@westerncape.gov.za | Tel: 021 808 5273

**ENQUIRIES: MS PN DANTI**

Dear Abattoir owner

**APPLICATION FOR REGISTRATION OF: VETERINARIAN/MEAT INSPECTOR/MEAT EXAMINOR AT AN ABATTOIR:**

Herewith I, ……………………………………………………………………………………………………………………………….

 (Name and surname)

registered owner of …………………………………………………………………………………………..……………………….

 (Abattoir name and registration number)

,………………………….. apply for …………………………………………………….................................................................

 (Telephone number/s) (Name and surname of candidate appointed)

…………………………………………..

(Telephone number/s)

to be registered as veterinarian/meat inspector/meat examiner **(scratch out which is not applicable)** at above-mentioned abattoir.

Application **must** be accommodated with copies of **qualifications and ID** document of candidate.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE**

(Abattoir owner/Service Provider)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE**