

Change of Ownership

(Inspection Needed)

(Previous Ownership)

Facility Name: _____

License #: _____

Address: _____

Owner: _____

Phone #: _____

(New Ownership)

Facility Name: _____

Email: _____

Physical Address: _____

Phone #: _____

Mailing Address: _____

Owner: _____

Phone #: _____

Date New Ownership Starts: _____

New Owner's Signature: _____

Previous Owner's Signature: _____

Please print and sign the document and return it to us by mail or by email.

Mailing Address:
Animal Welfare Section
Attn: Sandra Parker
1030 Mail Service Center
Raleigh, NC 27699

Email:
agr.aws@ncagr.gov