



Contact Information —

Please print

Note: Fields **with asterisks *** are required. Some fields are required only by certain States.

***Operation Name**

***Primary Contact**
First Name M.I. Last Name

Secondary Contact
First Name M.I. Last Name

***Mailing Address**

***City** ***State** ***ZIP** - ***County**

Email Address (if available)

***Phone Number** - - Ext Business Cell Home Pager Fax Alt.*
 Phone Number - - Ext Business Cell Home Pager Fax Alt.*
 Phone Number - - Ext Business Cell Home Pager Fax Alt.*
 Phone Number - - Ext Business Cell Home Pager Fax Alt.*
 *Alt — Alternate phone number if no phone on site, e.g. neighbor or veterinarian.

***Business Type—** (Choose One)

Individual Partnership Corporation State or Federal Government Entity
 Non-Profit Organization Limited-Liability Partnership Limited-Liability Corporation

***Operation Type—** (Choose All That Apply)

<input type="checkbox"/> Production Unit <i>Farm, Ranch, Flock, Feedlot, Hunting Lease, Hobby Farm, etc.</i>	<input type="checkbox"/> Exhibition <i>Animal show or exhibition (e.g. State Fair, National Show, etc.)</i>	<input type="checkbox"/> Non-Producer Participant <i>Records animal info and has no association with the animals. e.g. AIN Manager.</i>	<input type="checkbox"/> Rendering <i>Location where animals that died at the farm or in transit are processed.</i>
<input type="checkbox"/> Boarding Facility <i>Location where animals are boarded.</i>	<input type="checkbox"/> Laboratory <i>Location where animals are terminated and carcasses are examined..</i>	<input type="checkbox"/> Port of Entry <i>Location where animals are allowed to enter into the United States.</i>	<input type="checkbox"/> Slaughter Plant <i>Location where animals are terminated for consumption.</i>
<input type="checkbox"/> Clinic <i>Location where animals are examined or treated by a veterinarian.</i>	<input type="checkbox"/> Market/Collection Point <i>Livestock market/auction or collection point where animals are sold.</i>	<input type="checkbox"/> Quarantine Facility <i>Location where diseased animals are quarantined.</i>	<input type="checkbox"/> Tagging Site <i>Location where animals are tagged with an official USDA-approved ID device.</i>
<input type="checkbox"/> Public Grazing Allotment → <i>NM only</i>	<input type="radio"/> BLM <input type="radio"/> State Land <input type="radio"/> FS <input type="radio"/> Tribal	<input type="checkbox"/> Other <i>(as required by state)</i>	

Tribal Entity **NM only* Brand Reg. Number **NM, NV, WY*

Participant in a Disease Surveillance Program **MD only* Scrapie ID No. (as required by state)

Premises Information (where animals are located) —

*Premises Name/Description

Premises address is the same as Contact Information address.

*Premises Address
(No P.O. Boxes)

*City

*State

*ZIP

*County

GPS Coordinates of entrance to premises —

Latitude

Longitude

Legal Land Description —

Township

Range

Section

Tax Map Key *HI only

If mail is not routinely delivered to the Premises Address, please give driving directions from the closest main intersection.

From the intersection of

and

Go

N NE E SE
 S SW W NW

Miles

Feet

to

Then

N NE E SE
 S SW W NW

Miles

Feet

to

Then

N NE E SE
 S SW W NW

Miles

Feet

Premises is located on the

N E
 S W

side of the road.

*Premises Type— (Choose All That Apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Production Unit | <input type="checkbox"/> Exhibition | <input type="checkbox"/> Non-Producer Participant | <input type="checkbox"/> Rendering |
| <input type="checkbox"/> Boarding Facility | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Port of Entry | <input type="checkbox"/> Slaughter Plant |
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Market/Collection Point | <input type="checkbox"/> Quarantine Facility | <input type="checkbox"/> Tagging Site |
| <input type="checkbox"/> Other (as required by state)— | | | |

*Species Type— (Choose All That Apply)

- No animals at this premises. (Select only if Premises Type is Non-Producer Participant.)
- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Aquaculture [AQU] | <input type="checkbox"/> Caprine [CAP] (Goats) | <input type="checkbox"/> Porcine [POR] (Swine) | |
| <input type="checkbox"/> Bovine [BOV] (Bison & Cattle) | <input type="checkbox"/> Cervids [CER] (Deer & Elk) | <input type="checkbox"/> Avian [AVI] | |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Equine [EQU] (Horses) | <input type="checkbox"/> Chickens [CHI] | <input type="checkbox"/> Pheasants [PHE] |
| <input type="checkbox"/> Beef | <input type="checkbox"/> Lagamoprphs [LAG] (Rabbits) | <input type="checkbox"/> Ducks [DUC] | <input type="checkbox"/> Quail [QUA] |
| <input type="checkbox"/> Bison | <input type="checkbox"/> Mustela [MUS] (Minks) | <input type="checkbox"/> Geese [GEE] | <input type="checkbox"/> Ratites [RTT] (Ostrich, Emu, etc.) |
| <input type="checkbox"/> Camelid [CAM] (Llamas, Alpacas, etc.) | <input type="checkbox"/> Ovine [OVI] (Sheep) | <input type="checkbox"/> Guineas [GUI] | <input type="checkbox"/> Turkeys [TUR] |

Please create a User Name and Password for system access. *MD only

User Name

Password

Signature _____

Date _____

If you are registering more than one premises, please fill out additional premises registration forms.

Go to this website if you have a question for your State office: http://animalid.aphis.usda.gov/nais/premises_id/register.shtml