

National Premises ID Application

USDA Animal Disease Traceability Registration

For Bison, Cattle, Goats, Poultry, Sheep, and Swine

Business/Farm Name: _____

Primary Contact: _____

Premise Owner's First Name, Middle Name, and Last Name

Secondary Contact: _____

First Name, Middle Name, Last Name, and Phone Number

Business/Farm Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone #s: Business _____ Home _____ Cell: _____ Fax: _____

Email Address: _____

Business Type: Individual Partnership Incorporated Limited Liability Corporation

(Check One) Limited Liability Partnership Non-Profit Organization

Operation Type— (Choose All That Apply to the Entire Business)

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

Premises Information

This is the primary location where the livestock resides. If you have more than one location and animals are managed separately, you may apply for multiple premises ID numbers.

Premises Name/Description: _____

(E.g. home place, heifer place, etc.)

Premises Address: Check this box if it's the same as the business/farm mailing address above.

Or, if not the same as the business/farm mailing address:

Premises Physical Address: _____

City: _____ State: _____ Zip: _____ County: _____

Premises Type (Check all that apply): Producer Unit/Farm Clinic Exhibition Laboratory

Market/Collection Point Non-Producer Participant Port of Entry Quarantine Facility Rendering

Slaughter Plant Tagging Site

Species at Premises (Check all that apply): Cattle & Bison Swine Sheep Goats Poultry

Legal Land Description: _____

(Required if no premises address) Township, Range, and Section

GEO or GPS Coordinates: Longitude: _____ Latitude: _____

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		Miles		Feet
		S		SW		W		NW				
Then		N		NE		E		SE		Miles		Feet
		S		SW		W		NW				
Then		N		NE		E		SE		Miles		Feet
		S		SW		W		NW				
Premises is		N		E	Side of the road							
Located		S		W								

Previously Issued National Premises ID and/or Arizona Flock ID Number: _____

AZ Brand Number: _____

Issued Breed Association Herd Number: _____

Business Owner's Signature: _____ Date: _____

Applications can be faxed to 602-542-4290, emailed to cvi@azda.gov, or mailed to:

Arizona Department of Agriculture
Attn: State Vet's Office
1688 W. Adams
Phoenix, AZ 85007

For questions, call the State Veterinarian's Office at 602-542-4293.