National Premises ID Application
USDA Animal Disease Traceability Registration
For Cattle, Bison, Swine, Sheep, and Goats

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: _____

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)

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

Business/Farm Login Information (User Profile)
Email Address: _____

Business Owner's Signature: _____ Date: _____

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 and Bison □ Swine □ Sheep □ Goats

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 Located	□	N	□	E	Side of the road								
	□	S	□	W									

AZ Brand Number: _____

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.