

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)

<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:

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	<input type="checkbox"/>	N	<input type="checkbox"/>	NE	<input type="checkbox"/>	E	<input type="checkbox"/>	SE		<input type="checkbox"/>	Miles	<input type="checkbox"/>	Feet
	<input type="checkbox"/>	S	<input type="checkbox"/>	SW	<input type="checkbox"/>	W	<input type="checkbox"/>	NW		<input type="checkbox"/>		<input type="checkbox"/>	
Then	<input type="checkbox"/>	N	<input type="checkbox"/>	NE	<input type="checkbox"/>	E	<input type="checkbox"/>	SE		<input type="checkbox"/>	Miles	<input type="checkbox"/>	Feet
	<input type="checkbox"/>	S	<input type="checkbox"/>	SW	<input type="checkbox"/>	W	<input type="checkbox"/>	NW		<input type="checkbox"/>		<input type="checkbox"/>	
Then	<input type="checkbox"/>	N	<input type="checkbox"/>	NE	<input type="checkbox"/>	E	<input type="checkbox"/>	SE		<input type="checkbox"/>	Miles	<input type="checkbox"/>	Feet
	<input type="checkbox"/>	S	<input type="checkbox"/>	SW	<input type="checkbox"/>	W	<input type="checkbox"/>	NW		<input type="checkbox"/>		<input type="checkbox"/>	
Premises is Located	<input type="checkbox"/>	N	<input type="checkbox"/>	E	Side of the road								
	<input type="checkbox"/>	S	<input type="checkbox"/>	W									

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

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.