

**Arizona Department of Agriculture**

Attention: Self-Inspection
 1802 W Jackson St, #78
 Phoenix, AZ 85007
 Phone: (602) 542-6407
 Fax: (602) 542-4290
 Email: selfinspection@azda.gov

ONLINE ACCESS

Please check if you would like your login information and instructions for online self-inspection sent to the email listed below.

Application for Self-Inspection Certificates: _____ Pursuant to ARS § 3-1203, 3-1337

Instructions

This application is valid for three years. Please review and correct the information below. Unsigned forms are not valid. Notify the Department within 30 days of any change to the information provided below and include the commercial operation being sold, leased, transferred, or disposed of. For other physical locations, use additional sheets. Updates are available at <https://agriculture.az.gov/animals/animal-services-inspections/livestock-inspections/self-inspections>.

Applicant Information

Business Name: _____
 Last Name: _____ First Name: _____
 Email: _____ Drivers License # : _____
 Phone 1: _____ Phone 2: _____ Cell: _____ Fax: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Physical Address (if different): _____
 City: _____ State: _____ Zip: _____
 AZ Registered Brand # _____ AZ Flock ID # _____ National Premises ID # _____
 Have you (the applicant) been convicted of a felony under ARS Title 3 within the last three years? _____

Authorized Signatures

Applicants may designate four individuals, in addition to the applicant, authorized to sign self-inspection certificates. Animal Services Division must be notified immediately concerning any changes in signature authority.

Signature 1: _____
Printed Name Signature

Signature 2: _____
Printed Name Signature

Signature 3: _____
Printed Name Signature

Signature 4: _____
Printed Name Signature

Signature

I certify that the information submitted on these forms is true and correct to the best of my knowledge. I UNDERSTAND THAT ALL COMPLETED OR VOIDED CERTIFICATES MUST BE RETURNED TO THE DEPARTMENT WITHIN 10 DAYS AFTER THE END OF THE MONTH IN WHICH THE CERTIFICATE WAS USED OR VOIDED, ACCOMPANIED BY ALL APPLICABLE FEES.

Printed Name _____ Title _____ Signature _____ Date _____

Inspector Use Only

Printed Name _____ Badge # _____ Signature _____ Date _____