

# **SELF-INSPECTION**

## **APPLICATION AND RENEWAL INSTRUCTIONS**

- 1) Complete the attached application/renewal form in its entirety.
- 2) Contact the Dispatch center at 623-445-0281 to schedule a Livestock Inspection. The Livestock Inspector/Officer will visit your property and sign your application/renewal form.
  - a. **You must have a Livestock Inspector's / Officer's signature on your form for it to be processed.**

Once you have completed the application/renewal form in its entirety and a Livestock Inspector/Officer signs the form, please email the form back to the Self-Inspection department at [SELFINSPECTION@AZDA.GOV](mailto:SELFINSPECTION@AZDA.GOV) or you may mail it to the address below:

Arizona Department of Agriculture  
Attn: Self-Inspection  
1802 West Jackson #78  
Phoenix, AZ 85007

**Please allow 5 business days for processing.  
When the Self Inspection account is created or renewed, you will  
receive a notification by email.**

**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.

**Self-Inspection Application Certificates:** \_\_\_\_\_ Pursuant to ARS § 3-1203, 3-1337

**New Self-Inspection Application:** \_\_\_\_\_ **Renewal Self-Inspection Application:** \_\_\_\_\_

**INSTRUCTIONS:** This application is valid for three years. Please complete 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. For more information visit <https://agriculture.az.gov>

**Applicant Information**

Business Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email: \_\_\_\_\_ Drivers License # : \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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 \_\_\_\_\_