



Animal Disease Traceability

Premises Registration Form

Business/Farm Name:

Premises Information:

(Primary location where livestock resides, if more than one location and animals are managed separately, apply for multiple premises ID's)

Premises name/description: _____ *(example "name of farm")*

Premises Address: _____

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

Premises Type: *(click one)*

Producer Unit/Farm	Clinic	Laboratory Quarantine	Rendering
Non-producer Participant	Port of Entry	Facility	
Slaughter Plant	Tagging Site	Market/Collection Point	

Species at Premises: *(check all that apply)*

Cattle and Bison	Swine	Sheep	Goats	Poultry
Deer and Elk	Lama	Emu	Horses	

GPS Coordinates *(optional)*: Latitude _____ Longitude _____
(Decimal Degrees)

Business/Farm Account Information:

Primary Contact: _____
First Middle Initial Last

Secondary Contact: *(optional)* _____
First Middle Initial Last

Mailing Address: _____
(If different from farm address)

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

Operation Type: *(check all that apply)*

Producer Unit/Farm	Clinic	Exhibition
Market/Collection Point	Non-Producer Participant	Laboratory
Quarantine Facility	Rendering Slaughter Plant	Port of Entry
		Tagging Site

Phone Number: _____ Business Home Cell Fax

Phone Number: _____ Business Home Cell Fax

Producer/Contact Signature: _____

Return forms to:

Alabama Dept. of Agriculture
Attn: Premises Registration
1445 Federal Drive
Montgomery, AL 36107 Fax:
334/240-7198

For questions, contact:

Premises support
Phone: 334/240-7253
Email: animalid.premises@agi.alabama.gov