APPLICATION FOR NAIS PREMISES IDENTIFICATION

§ 585.145, Florida Statutes,
5C-3, 5C-4, 5C-5, 5C-6, 5C-7, 5C-9, 5C-20, and 5C-21 Florida Administrative Code

MAIL OR FAX COMPLETED FORM TO:
Bureau of Animal Disease Control
Division of Animal Industry
Room 327, 407 S. Calhoun St.
Tallahassee, FL 32399-0800
850/410-0900; Fax 850/410-0957
www.doacs.state.fl.us/ai/

NOTE: All documents and attachments submitted with this request are subject to public review pursuant to Chapter 119, F.S.

Business/Farm/Ranch/Stable Account Information

Business/ Premises Name
Primary Contact
Mailing Address
City ________________________________ ST ____________ ZIP ____________
Business Phone ______________________ FAX
Mobile Phone ________________________ Pager
Email Address _______________________
On-site Contact ______________________ Business or Mobile Phone ____________
(If different from above, Manager, Agent, Stable Manager, etc.)

Premises Information (Where animals are located or Florida management headquarters)

Physical (911)
Address
City ________________________________ ST _______ ZIP ____________
County ______________________________________

Primary Business Function (please check only one)

□ Production Unit (Farm, Ranch, Flock, Equine Facility)
□ Exhibition (Fairs, Shows)
□ Slaughter Plant
□ Clinic (Location where animals are treated for disease)
□ Quarantine Facility
□ Tagging Site
□ Market/Collection Point (Backgrounder, Order Buyer, USDA Approved Market, Approved Dealer)
□ Laboratory
□ Rendering
□ Port of Entry
□ Non-producer Participant

Species on Premises (please check all that apply)

□ Cattle □ Horses □ Goats □ Sheep □ Swine □ Deer □ Elk □ Llama □ Bison
□ Poultry □ Chickens □ Ducks □ Geese □ Guineas □ Pheasants □ Quail □ Turkeys □ Emu

Signature of Applicant or Authorized Agent __________________________ Date _______________

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