North Carolina Department of Agriculture & Consumer Services

NCDA&CS Veterinary Division: Premises Registration Form – Official Swine ID

Premises Owner Account Information:

Check: ☐ **ID Tags** ☐ **Tattoo** ☐ **Ear Notch Number**

Business/Farm Name: _____

Primary Contact: _____ _____ _____
(First Name) (Middle Name) (Last Name)

Secondary Contact:_____ _____ _____
(Optional) (First Name) (Middle Name) (Last Name)

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____-_____ **County:** _____

Phone Number: _____-_____-_____ ext: _____ ☐Business ☐Home ☐Cell ☐Fax ☐Pager

Phone Number: _____-_____-_____ ext: _____ ☐Business ☐Home ☐Cell ☐Fax ☐Pager

Email:_____ (**For notification purposes only*)

Business Type: ☐Individual ☐Partnership ☐Incorporated ☐LLC ☐LLP ☐Government Entity ☐Non-profit Organization

Premises Information:

(Primary location where livestock reside-if animals are managed on separate locations, apply for multiple premises ID's.)

Premises Type: ☐ Production Unit / Farm / Ranch ☐ Market / Collection Point ☐ Exhibition ☐ Clinic ☐ Laboratory
☐ Non-Producer Participant (ie: DHIA, non-animal prem., etc.) ☐ Slaughter Plant ☐ Other: _____

Premises Name: _____ *(example: heifer place, farm #1, headquarters)*

Address Information: Check box if same as mailing address ☐ *(Do not check if mailing address is a PO Box or Route and Box Number)*

Premises Address: _____
(If different from mailing)

City: _____ **State:** _____ **Zip:** _____-_____ **County:** _____

GPS Coordinates at entrance: Latitude N _____°_____ Longitude W_____°_____ *(*optional and if known)*

Species Information: ** PLEASE FILL IN QUANTITY (how many animals do you have) per species**

(Check all that apply. Quantities of animals are only reported to the state database. This information is protected by General Statute 106-24.1. This and all other statutes can be viewed at www.ncleg.net. Please see reverse side for more information.)

Cattle: ☐Beef ☐Dairy ☐Bison Qty: _____ **Goats:** ☐Meat ☐Dairy ☐Fiber Qty: _____ **Sheep:** ☐Meat ☐Dairy ☐Fiber Qty: _____

Equine: ☐Horse ☐Donkey ☐Mule Qty: _____ **Camelids:** ☐Alpaca ☐Llama Qty: _____ **Cervids:** Qty: _____

Aquaculture: _____ **Other Species:** _____ Qty: _____

Poultry: ☐Chicken ☐Turkey ☐Ratite (*ostrich and/or emu*) Qty: _____ ☐Waterfowl/Game bird ☐Other Qty: _____
(If you grow poultry on contract for a corporation, please indicate production system and corporation for which you grow.)

Poultry Production System: ☐Broilers ☐Layers ☐Breeders ☐Commercial Toms ☐Commercial Hens

Integrator/Corporation: _____

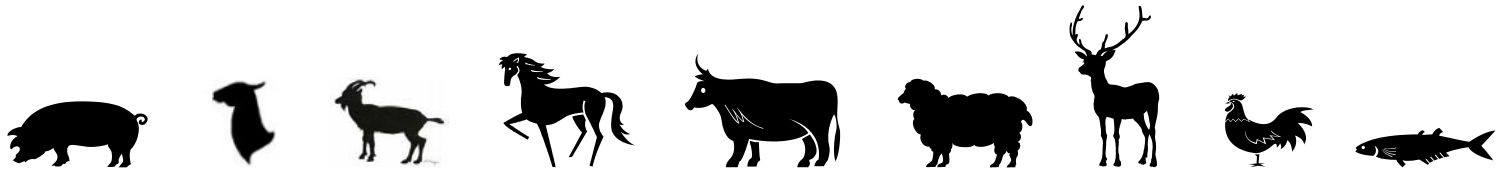
Swine: ☐Breeding ☐Feeding ☐Nursery Qty: _____ ☐Other Qty: _____
(If you grow swine on contract for a corporation, please indicate production system and corporation for which you grow.)

Swine Production System: ☐ Sow ☐ Nursery ☐ Finisher ☐ Sow-Nursery ☐ Sow-Finisher ☐ Isolation Unit ☐ AI/Boar Stud

Integrator/Corporation: _____

Producer/Contact Signature: _____ **Date:** _____ (**required*)

*If you need assistance or have questions, please contact the NCFarmID office. (*See reverse side for contact information*)*



NCFarmID Contact Information:

Mail:
NCDA&CS
Veterinary Division-NCFarmID
1030 Mail Service Center
Raleigh, NC 27699-1030

Phone:
919-715-2951

Fax:
919-733-2277

Email:
NCFarmID@ncagr.gov

World Wide Web:
www.NCFarmID.com

Useful Links:

The NCDA&CS Veterinary Division:
http://www.ncagr.com/vet/

The USDA's Process Verified Program (PVP):
http://processverified.usda.gov/

The USDA's Scrapie Certification Program:
http://www.aphis.usda.gov/vs/nahps/scrapie/

The National Institute for Animal Agriculture:
http://www.animalagriculture.org/

North Carolina General Statute 106-24.1:
http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_106/GS_106-24.1.html

FOR OFFICE USE ONLY-PLEASE DO NOT WRITE BELOW THIS LINE

Event/Presentation Date: _____ Presenter Name: _____

Event/Presentation Name: _____

Please remember to send in follow-up forms for any presentations you have given.

NCFarmID Federal ID Info	NCDA&CS State Database Information
Date Entered: Person Entering Data:	Date Entered: Person Entering Data:
User:	
Password:	
Account Number:	
Federal Premises ID Number:	State Premises ID Number: