



STATE OF NEW JERSEY

DEPARTMENT OF AGRICULTURE
Premises Registration Form
for the National Animal Disease Traceability Program

For Department Use Only
U _____
P _____
Complete _____

Business/Farm Account Information:

Business/Farm Name: _____

Primary Contact: _____
First Name Middle Name Last Name

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

Business/Farm mailing Address: _____

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

Phone number: _____ - _____ - _____ ext: _____ (Business Home Cell Fax)

Phone number: _____ - _____ - _____ ext: _____ (Business Home Cell Fax)

Phone number: _____ - _____ - _____ ext: _____ (Business Home Cell Fax)

Business Type*: Individual Partnership Incorporated Limited Liability Corporation
(* check one) Limited Liability Partnership Non-profit Organization

Email:

E-mail address: _____

Premises Information:

Primary location where livestock resides, if more then one location and animals are managed separately, apply for multiple premises ID's using multiple forms.

Premises Address: Check if same as business/farm account mailing address

OR (if not the same as business/farm mailing address)

Premises Address: _____

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

PLEASE COMPLETE THE INFORMATION CONTINUED ON THE NEXT PAGE

Premises Type*: Producer Unit/Farm Clinic Exhibition Laboratory Market/collection point
(* check all that apply) Non-producer Participant Port of Entry Quarantine Facility Rendering
 Slaughter plant Tagging site

Species at Premises*: Aquaculture Bovine Camelid (Llama) Caprine (Goats) Cervids (Deer)
(* check all that apply) Chickens Ducks Emu Equine Geese Guineas Ovine
 Pheasants Porcine Poultry Quail Rattites Turkey Other_____

GEO Coordinates*: Latitude: _____ Longitude: - _____
(* Optional unless premises does not have a 911 compatible address)

Additional Secondary Premises Information (optional):

Premises Address: _____

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

Premises Type*: Producer Unit/Farm Clinic Exhibition Laboratory Market/collection point
(* check all that apply) Non-producer Participant Port of Entry Quarantine Facility Rendering
 Slaughter plant Tagging site

Species at Premises*: Aquaculture Bovine Camelid (Llama) Caprine (Goats) Cervids (Deer)
(* check all that apply) Chickens Ducks Emu Equine Geese Guineas Ovine
 Pheasants Porcine Poultry Quail Rattites Turkey Other_____

GEO Coordinates*: Latitude: _____ Longitude: - _____
(* Optional unless premises does not have a 911 compatible address)

Authorization to issue National Premises Number for the above Premises:

Please sign and check below:

Premises Owner Animal Owner Other Authorized Agent _____
(* check all that apply) *title with organization*

Signature: _____ Date: _____

Return forms to: National Animal Identification, New Jersey Department of Agriculture,
Division of Animal Health, PO Box 330, Trenton, NJ 08625-0330 or FAX: (609) 671-6413
For questions, contact NJDA at: Phone: (609) 671-6400

*If you have more than two premises with animals please request additional sheets or download at
<http://www.state.nj.us/agriculture/> under Applications and Forms—Forms—Premises Registration Form*