



**new jersey**  
**department of agriculture**  
 Premises Registration Form  
 for the National Animal Identification System

**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  Pager)

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_ ( Business  Home  Cell  Fax  Pager)

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_ ( Business  Home  Cell  Fax  Pager)

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

**Email:**

E-mail address\*: \_\_\_\_\_  
 (\*for confirmation purposes only)

**Premises Information:**

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

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 BACK PAGE

(Contact information will not be sold or given out by NAIS without your prior written consent)

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

**Species at Premises\*:**  Aquaculture  Bovine  Camelid (Llama)  Caprine (Goats)  
(\*check all)  Cervids (Deer)  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)

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**Additional Secondary Premises Information (optional):**

Premises Address: \_\_\_\_\_

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

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

**Species at Premises\*:**  Aquaculture  Bovine  Camelid (Llama)  Caprine (Goats)  
(\* check all)  Cervids(Deer)  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)

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**Authorization to issue National Animal Identification Number for listed Premises**

**Please sign circle and below as:**

Premises Owner    Animal Owner    Other Authorized Agent \_\_\_\_\_  
(\* Circle all that apply) title and agent 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)-777-8395  
For questions, contact NAIS support: Phone: 609-262-3965 or e-Mail: [njnais@ag.state.nj.us](mailto:njnais@ag.state.nj.us)  
*If you have more than two premises (animal locations) please request additional sheets*