



ILLINOIS PREMISES IDENTIFICATION REGISTRATION

**Illinois Department of Agriculture
Bureau of Animal Health and Welfare**
801 E. Sangamon Avenue
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Springfield, IL 62794-9281
Telephone: 217-782-4944
Fax: 217-558-6033
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Instructions:

1. Please type or print legibly
2. Return forms to the above email or mailing address
3. For questions, contact the Bureau of Animal Health and Welfare at the above telephone number or e-mail address.

Purpose of this form (mark one) <input type="checkbox"/> Register a premises for the first time <input type="checkbox"/> Update information on a registered premises	If update, enter premise identification number (if known)
Preferred method to receive premises registration card (check one) MAIL EMAIL	

PART I – CONTACT/ACCOUNT HOLDER INFORMATION			
<i>This section specifies the contact information for the livestock premises. This information will be utilized during an animal health emergency for notification purposes. This process is essential for protecting the industry from the spread of disease. For corporations with contract growers, please list both a corporate <u>and</u> premise/grower contact.</i>			
Name of business/farm (optional)			
Name of primary contact (first, middle, last)			
Mailing address of primary contact (number and street, city, state and ZIP code)			County
Business telephone number	Home telephone number	Cellular telephone number	Fax Number
E-mail address			
Name of secondary contact (first, middle, last)			
Mailing address of secondary contact (number and street, city, state and ZIP code)			County
Business telephone number	Home telephone number	Cellular telephone number	Fax Number
E-mail address			

PART II – PREMISES INFORMATION		
Name/Description of premises (Example: "home," "heifer place," "farrow to finish")		
Address same as account <input type="checkbox"/>	Physical address of premises (No PO/RR – 911 address only)(number, street, city, and Zip code)	County
Geographic information System (GIS) coordinates (only required if no 911 address applies) Latitude: _____ Longitude: _____		
Type of operation (check all that apply): <input type="checkbox"/> Farm/Production Unit/Stable <input type="checkbox"/> 4-H Participant Only <input type="checkbox"/> Clinic <input type="checkbox"/> Laboratory <input type="checkbox"/> Slaughter Plant <input type="checkbox"/> Port of Entry <input type="checkbox"/> Market/Collection Point <input type="checkbox"/> Exhibition/Show Site <input type="checkbox"/> Zoo <input type="checkbox"/> Research Facility <input type="checkbox"/> Rendering <input type="checkbox"/> Quarantine Facility <input type="checkbox"/> Feed Mill <input type="checkbox"/> Truck Wash <input type="checkbox"/> Other: _____		
Species at premises (check all that apply) <input type="checkbox"/> Beef Cattle <input type="checkbox"/> Chickens <input type="checkbox"/> Swine <input type="checkbox"/> Sheep <input type="checkbox"/> Horses <input type="checkbox"/> Deer <input type="checkbox"/> Dairy Cattle <input type="checkbox"/> Turkeys <input type="checkbox"/> Waterfowl <input type="checkbox"/> Goats <input type="checkbox"/> Bison <input type="checkbox"/> Elk <input type="checkbox"/> Other: _____		

INFORMATION ON ADDITIONAL PREMISES

If you have more than one premises (animal location), please complete page 2 of this form.

A unique premise identification number (PIN) is recommended for each non-contiguous location associated with the sale, purchase, and/or exhibition of livestock. Sites under the same management but separated by no more than ¼ mile may be considered contiguous and require only one premise identification number.

ADDITIONAL PREMISES INFORMATION	
Name/Description of premises (Example: "home," "heifer place," "farrow to finish")	
Physical address of premises (No PO/ RR – 911 address only)(number and street, city, and ZIP code)	County
Geographic information System (GIS) coordinates (only required if no 911 address applies) Latitude:_____ Longitude:_____	
Type of operation (check all that apply): <input type="checkbox"/> Farm/Production Unit/Stable <input type="checkbox"/> 4-H Participant Only <input type="checkbox"/> Clinic <input type="checkbox"/> Laboratory <input type="checkbox"/> Slaughter Plant <input type="checkbox"/> Port of Entry <input type="checkbox"/> Market/Collection Point <input type="checkbox"/> Exhibition/Show Site <input type="checkbox"/> Zoo <input type="checkbox"/> Research Facility <input type="checkbox"/> Rendering <input type="checkbox"/> Quarantine Facility <input type="checkbox"/> Feed Mill <input type="checkbox"/> Truck Wash <input type="checkbox"/> Other:_____	
Species at premises (check all that apply) <input type="checkbox"/> Beef Cattle <input type="checkbox"/> Chickens <input type="checkbox"/> Swine <input type="checkbox"/> Sheep <input type="checkbox"/> Horses <input type="checkbox"/> Deer <input type="checkbox"/> Dairy Cattle <input type="checkbox"/> Turkeys <input type="checkbox"/> Waterfowl <input type="checkbox"/> Goats <input type="checkbox"/> Bison <input type="checkbox"/> Elk <input type="checkbox"/> Other:_____	

ADDITIONAL PREMISES INFORMATION	
Name/Description of premises (Example: "home," "heifer place," "farrow to finish")	
Physical address of premises (No PO/RR – 911 address only)(number and street, city, and ZIP code)	County
Geographic information System (GIS) coordinates (only required if no 911 address applies) Latitude:_____ Longitude:_____	
Type of operation (check all that apply): <input type="checkbox"/> Farm/Production Unit/Stable <input type="checkbox"/> 4-H Participant Only <input type="checkbox"/> Clinic <input type="checkbox"/> Laboratory <input type="checkbox"/> Slaughter Plant <input type="checkbox"/> Port of Entry <input type="checkbox"/> Market/Collection Point <input type="checkbox"/> Exhibition/Show Site <input type="checkbox"/> Zoo <input type="checkbox"/> Research Facility <input type="checkbox"/> Rendering <input type="checkbox"/> Quarantine Facility <input type="checkbox"/> Feed Mill <input type="checkbox"/> Truck Wash <input type="checkbox"/> Other:_____	
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If you have more premises (animal location) please complete additional sheets.

For large integrators/companies, please request a spreadsheet template at (217) 782-4944 or AGR.Premises@Illinois.gov