



## ILLINOIS PREMISES IDENTIFICATION REGISTRATION

**Illinois Department of Agriculture**  
**Bureau of Animal Health and Welfare**  
 PO Box 19281  
 Springfield, IL 62794-9281  
 Telephone: 217-782-4944  
 Fax: 217-558-6033  
 Email: [agr.premises@illinois.gov](mailto:agr.premises@illinois.gov)

**Instructions:**

1. Type or print legibly.
2. Return form by mail, email or fax listed in box at the top of this form.
3. A unique premises 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 PIN. If you have more than one premises to register/update, complete page 2 of this form. For more information visit: <https://www2.illinois.gov/sites/agr/Animals/AnimalHealth/Pages/Premises-Registration.aspx>

Purpose of form (mark one): <input type="checkbox"/> Register a premises for the first time <input type="checkbox"/> Update information on an existing premises  Existing premises number (if known): <b>00</b>	Additional Information: Do you have other premises previously registered (mark one):    YES    NO  Preferred method to receive premises registration card (mark one):    MAIL    EMAIL
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PART I – CONTACT/ACCOUNT HOLDER INFORMATION				
<i>This section specifies the <b>contact information</b> for the livestock premises. The primary contact should be the <b>premises/livestock owner</b>. For integrated industry, this should be the contract grower. A corporate office can be listed as a secondary contact if needed. 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.</i>				
Name of business/farm:				
Name of primary contact (first, middle, last)				
Mailing address	City	State	Zip Code	County
Business telephone number	Home telephone number	Cellular telephone number		Fax number
E-mail address				
Name of secondary contact (first, middle, last) (optional)				
Mailing address	City	State	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
<b>911 Address (NO PO BOX/RR)</b>	City	State	Zip Code	County
Geographic Information System (GIS) coordinates (taken from "front gate"; can obtain from online mapping system such as Google):				
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"/> Zoo <input type="checkbox"/> Research Facility <input type="checkbox"/> Rendering <input type="checkbox"/> Feed Mill <input type="checkbox"/> Truck Wash <input type="checkbox"/> Quarantine Facility <input type="checkbox"/> Exhibition Site (e.g. Fairgrounds) <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: _____				

PART II – ADDITIONAL PREMISES INFORMATION				
Name/Description of premises (Example: "home," "heifer place," "farrow to finish")				
911 Address (NO PO BOX/RR)	City	State	Zip Code	County
Geographic Information System (GIS) coordinates (taken from "front gate"; can obtain from online mapping system such as Google):				
Latitude: _____ Longitude: _____				
Type of operation (check all that apply):				
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