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

Operation 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

E-mail address*: _____ *(*For confirmation purposes only)*

Producer/Contact Signature: _____
(Contact information will not be sold or given out by the Illinois Department of Agriculture without your prior written consent)

Premises Information:
(Primary location where livestock resides, if more than one location & animals are managed separately, apply for multiple premises ID's)

Premises name/description: _____ (example "home place", "heifer place")

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

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

Premises Address: _____

City: _____ Illinois Zip: _____ - _____ County: _____

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: ☐ Cattle and Bison ☐ Swine ☐ Equines ☐ Poultry ☐ Deer and Elk ☐ Llamas/Alpacas ☐ Ratites
(Check all) ☐ Sheep ☐ Goats * Scrapie Flock ID: _____
(*Sheep/goat producers are requested to include their scrapie flock ID.)

Legal Land Description: _____ _____ _____
(Required if no address)   *Township*   *Range*   *Section*

GEO Coordinates: Latitude: _____._____ Longitude: -_____._____
(Optional)

Additional Secondary Premises Information (optional):

Premises name/description: _____ (example "home place", "heifer place")

Premises Address: _____

City: _____ Illinois Zip: _____ - _____ County: _____

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 : ☐Cattle and Bison ☐Swine ☐Equines ☐Poultry ☐Deer and Elk ☐Llamas/Alpacas☐ Ratites
(Check all) ☐Sheep ☐Goats * Scrapie Flock ID: _____

(*Sheep/goat producers are requested to include their scrapie flock ID.)

Legal Land Description: _____ _____ _____
(Required if no address) *Township* *Range* *Section*

GEO Coordinates: Latitude: _____._____ Longitude: -_____._____
(Optional)

Fax: 217-558-6033
Email: AGR.CVI@illinois.gov

_____

_____

_____

Place
Stamp
Here

DIVISION OF FOOD SAFETY & ANIMAL PROTECTION
IL DEPT OF AGRICULTURE
PO BOX 19281
SPRINGFIELD IL 62794-9855