



LOUISIANA DEPARTMENT OF AGRICULTURE AND FORESTRY
 MIKE STRAIN DVM, COMMISSIONER
 OFFICE OF ANIMAL HEALTH & FOOD SAFETY
 5825 FLORIDA BLVD, SUITE 4000, Baton Rouge, LA 70806
 Office: (225) 925-3980 or 888-773-6489 Fax: (225) 237-5555 PremisesID@daf.state.la.us

Business/Farm Application for Premises ID Number

Account Information:

Business/Farm Name: _____

Owner Name: _____

Alternate Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Parish: _____

Business Phone: _____ Cell Phone: _____

E-mail address (Required): _____ Fax: _____

Signature of Applicant/Authorized Agent: _____ Date: _____

Location of Animals:

This is the primary location where livestock reside. If animals are managed as separate herds on separate locations without commingling, register multiple premises.

Physical (911) Address: _____

City: _____ State: _____ Zip: _____ Parish: _____

GEO Coordinates (if no 911 address): Latitude: _____ Longitude: _____

Primary Business Function (please check only one):

- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Producer Unit/Farm | <input type="checkbox"/> Exhibition | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Clinic |
| <input type="checkbox"/> Market/collection point | <input type="checkbox"/> Non-Producer Participant | <input type="checkbox"/> Port of Entry | <input type="checkbox"/> Tagging Site |
| <input type="checkbox"/> Quarantine Facility | <input type="checkbox"/> Other _____ | | |

Species of Animals (please check all that apply):

- | | | | | | | |
|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Cattle | <input type="checkbox"/> Bison | <input type="checkbox"/> Horses | <input type="checkbox"/> Sheep | <input type="checkbox"/> Goats | <input type="checkbox"/> Poultry | <input type="checkbox"/> Swine |
| <input type="checkbox"/> Deer | <input type="checkbox"/> Elk | <input type="checkbox"/> Camels | <input type="checkbox"/> Emu | <input type="checkbox"/> Other _____ | | |

Print and attach a second sheet for additional locations of animals.

Return completed form by mail, email, or fax:

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 Office of Animal Health
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