

Illinois Livestock Premises Registration Form

Business/Farm Account Information (please print):

Fields with asterisks * are required

Business/Farm Name: _____

*Primary Contact: _____
First Name Middle initial Last name

Secondary Contact: _____
(Optional) First Name Middle initial Last name

*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) Government Entity Limited Liability Partnership Non-profit Organization

*Operation Type: Production Unit/Farm Clinic Boarding Facility
(Check all that apply) Farm, Ranch, Flock, Feedlot, Where animals are examined or treated by a veterinarian Where animals are boarded
Hunting Lease, Hobby Farm, etc.
 Market/collection point Non-producer Participant Slaughter plant
Livestock market/auction or collection point where animals are sold Records animal info and has no association with the animals Where animals are terminated for consumption
 Tagging Site Rendering Exhibition
Livestock market/auction or collection point where animals are sold Where dead animals are processed Show grounds, fairgrounds

Business Account Login information:

User Name: _____ (minimum of 8 characters)

Password: _____ (minimum of 8 characters)

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

Premises Information:

(Primary location where livestock are located, if more than one location, 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: Production Unit/Farm Clinic Boarding Facility
(Check all that apply) Market/collection point Non-producer Participant Slaughter plant
 Tagging Site Rendering Exhibition

*Species at Premises: Cattle/Bison Swine Equines Ratites Deer/Elk Llamas/Alpacas
(Check all that apply) Chickens Ducks Geese Pheasants Quail Turkeys
 Ratites Guineas Mink Aquaculture Rabbits Sheep
 Goats Scrapie Flock ID: _____ (Sheep/goat 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: Production Unit/Farm Clinic Boarding Facility
 (Check all that apply) Market/collection point Non-producer Participant Slaughter plant
 Tagging Site Rendering Exhibition

*Species at Premises: Cattle/Bison Swine Equines Ratites Deer/Elk Llamas/Alpacas
 (Check all that apply) Chickens Ducks Geese Pheasants Quail Turkeys
 Ratites Guineas Mink Aquaculture Rabbits Sheep
 Goats *Scrapie Flock ID: _____ (Sheep/goat scrapie flock ID.)

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

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

If mail is not routinely delivered to the Premises Address, please give driving directions from the closest named road intersection.

From the intersection of _____ and _____
 Go N S E W _____ Miles Feet to _____
 Then N S E W _____ Miles Feet to _____
 Then N S E W _____ Miles Feet Premises is on the N S E W side
 Additional directions if needed: _____

You may also register your information securely online via our website at www.agr.state.il.us/premiseid. For questions, contact the Illinois Department of Agriculture, Telephone: 866-299-9256 or Email ilpremiseid@agr.state.il.us If you have more than two premises (animal locations) please request additional sheets.

Important notice:
 This state agency is requesting disclosure of information that is necessary to accomplish the purpose as stated in the National Animal Identification System. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center. IL 406-1680 rev.5/05



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

