

**Arizona Department of Agriculture
Animal Disease Traceability Registration
(For all Arizona Livestock and Poultry owners)**



Business/Farm Information:

Business/Farm Name: _____

Primary Contact: _____

(Premises Owner) 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— (Choose All That Apply to the Entire Business)

<input type="checkbox"/> Production Unit Farm, Ranch, Flock, Feedlot, Hunting, lease hobby Farm, etc	<input type="checkbox"/> Exhibition Animal Show or Exhibition (e.g. State Fair, National show, etc.)	<input type="checkbox"/> Non- Producer Participant Records animal info and has no association with the animals. E.g. AIN Manager.	<input type="checkbox"/> Rendering Location where animals that died at the farm or in transit are processed.
<input type="checkbox"/> Clinic Location where animals are examined or treated by a veterinarian.	<input type="checkbox"/> Laboratory Location where animals are terminated and carcasses are examined	<input type="checkbox"/> Port of Entry Location where animals are allowed to enter 'into the United States.	<input type="checkbox"/> Slaughter Plant Location where animals are terminated for consumption
<input type="checkbox"/> Tagging Site Location where animals are tagged with an official USDA-approved ID device	<input type="checkbox"/> Market/ Collection Point Livestock market/auction or collection point where animals are sold.	<input type="checkbox"/> Quarantine Facility Location where animals are quarantined.	<input type="checkbox"/>

Business/Farm Login information (user profile):

E-mail address*: _____

*(*for confirmation of registration only)*

Producer/Contact Signature*: _____

Authorized Agent*:

(to be completed by authorized agents only)*

Agent Name: _____ Date: _____

Agent Organization: _____

Premises Information:

(Primary location where livestock/poultry resides; if you have more than one location and animals are managed separately, you may apply for multiple premises identification numbers)

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

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

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

Premises Address: _____

City: _____ State: _____ Zip: _____ - _____ County: _____

Premises Type*: Producer Unit/Farm Clinic Exhibition Laboratory Market/collection point

(* check all that apply) Non-producer Participant Port of Entry Quarantine Facility Rendering

Slaughter plant Tagging site

Species at Premises*: Cattle and Bison Swine Sheep Goats Horses Poultry

(* check all that apply) Deer and Elk Llama Emu

Legal Land Description*: _____

(* required if no premises address) Township Range Section

GEO or GPS Coordinates*: Latitude: _____ Longitude: - _____

(* Optional)

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

From the intersection of _____ and _____

Go	<input type="checkbox"/>	N	<input type="checkbox"/>	NE	<input type="checkbox"/>	E	<input type="checkbox"/>	SE	<input type="checkbox"/>	Miles	<input type="checkbox"/>	Feet
	<input type="checkbox"/>	S	<input type="checkbox"/>	SW	<input type="checkbox"/>	W	<input type="checkbox"/>	NW				
Then	<input type="checkbox"/>	N	<input type="checkbox"/>	NE	<input type="checkbox"/>	E	<input type="checkbox"/>	SE	<input type="checkbox"/>	Miles	<input type="checkbox"/>	Feet
	<input type="checkbox"/>	S	<input type="checkbox"/>	SW	<input type="checkbox"/>	W	<input type="checkbox"/>	NW				
Then	<input type="checkbox"/>	N	<input type="checkbox"/>	NE	<input type="checkbox"/>	E	<input type="checkbox"/>	SE	<input type="checkbox"/>	Miles	<input type="checkbox"/>	Feet
	<input type="checkbox"/>	S	<input type="checkbox"/>	SW	<input type="checkbox"/>	W	<input type="checkbox"/>	NW				
Premises is Located	<input type="checkbox"/>	N	<input type="checkbox"/>	E	Side of the road							
	<input type="checkbox"/>	S	<input type="checkbox"/>	W								

AZ Brand Number _____

For More Information Call 602-542-0943

Send completed and signed application to :

Att: Jim Meggs

Arizona Department of Agriculture

1688 W. Adams Street

Phoenix, AZ 85007

Or FAX to: 602-542-4290

Revised 3/10