



Florida Department of Agriculture and Consumer Services
 Division of Animal Industry
 Bureau of Animal Disease Control

MAIL OR FAX COMPLETED FORM TO:

Bureau of Animal Disease Control
 Division of Animal Industry
 Cattle Programs Office
 Room 327, 407 S. Calhoun St.
 Tallahassee, FL 32399-0800
 850/410-0900; Fax 850/410-0957

CHARLES H. BRONSON
 COMMISSIONER

§ 585.145, Florida Statutes,
 5C-3, 5C-4, 5C-5, 5C-6, 5C-7, 5C-9, 5C-20, and 5C-21 Florida Administrative Code

www.doacs.state.fl.us/ai/

NOTE: All documents and attachments submitted with this request are subject to public review pursuant to Chapter 119, F.S.

Business/Farm/Ranch/Stable Account Information

Business/Premises Name _____
 Primary Contact _____
 Mailing Address _____
 City _____ ST _____ ZIP _____
 Business Phone _____ FAX _____
 Mobile Phone _____ Pager _____
 Email Address _____
 On-site Contact _____ Business or Mobile Phone _____
(If different from above, Manager, Agent, Stable Manager, etc.)

Premises Information (Where animals are located or Florida management headquarters)

Physical (911)
 Address _____
 City _____ ST _____ ZIP _____
 County _____

Primary Business Function (please check only one)

- | | | |
|---|---|--|
| <input type="checkbox"/> Production Unit <i>(Farm, Ranch, Flock, Equine Facility)</i> | <input type="checkbox"/> Clinic <i>(Location where animals are treated for disease)</i> | <input type="checkbox"/> Market/Collection Point <i>(Backgrounder, Order Buyer, USDA Approved Market, Approved Dealer)</i> |
| <input type="checkbox"/> Exhibition (Fairs, Shows) | <input type="checkbox"/> Quarantine Facility | <input type="checkbox"/> Laboratory <input type="checkbox"/> Port of Entry |
| <input type="checkbox"/> Slaughter Plant | <input type="checkbox"/> Tagging Site | <input type="checkbox"/> Rendering <input type="checkbox"/> Non-producer Participant |

Species on Premises (please check all that apply)

- | | | | | | | | | |
|----------------------------------|-----------------------------------|--------------------------------|--------------------------------|----------------------------------|------------------------------------|--------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Cattle | <input type="checkbox"/> Horses | <input type="checkbox"/> Goats | <input type="checkbox"/> Sheep | <input type="checkbox"/> Swine | <input type="checkbox"/> Deer | <input type="checkbox"/> Elk | <input type="checkbox"/> Llama | <input type="checkbox"/> Bison |
| <input type="checkbox"/> Poultry | <input type="checkbox"/> Chickens | <input type="checkbox"/> Ducks | <input type="checkbox"/> Geese | <input type="checkbox"/> Guineas | <input type="checkbox"/> Pheasants | <input type="checkbox"/> Quail | <input type="checkbox"/> Turkeys | <input type="checkbox"/> Emu |

Signature of Applicant or Authorized Agent _____ Date _____