2017 Wisconsin Livestock Identification Consortium Wisconsin State Fair & County Fair ID/DNA Request Form PLEASE PRINT CLEARLY IN INK

Exhibitor Name:	County:				
hone #: Email Address:					
Mailing Address:					
City/Town:		State: _		Zip Code:	
Fair ID/DNA forms must be submitted by mail with Upon receipt of this form and full payment WLIC samples. Please specify the type of livestock tag you Livestock must be identified in the exhibitor's nation immediate family name only one form needs to be on the top of the form. Cousins are not considered. There is no limit to the number of animals which is MUST be the RFID ear tag in the animal's ear at the DNA Request Forms MUST include payment and concluded to the conclusion of the conclusion	will ship is bu are order me or in the submitted immediate may be idented in for any with payments must be wiid.org or it with the control or it will be wi	tems selected by tring, be specific the immediate of along with the efamily and material by an exception. The property of the	pelow with all for on species. amily member not correct fees, how your co-identify whibitor. The RFILE of will be placed of charged a \$20 so ney order or cash of WLIC by your factorized by WI State Fees will be with the set by WI State Fees will be set by WI State Fees will b	ems/instruction ames. If anima vever all siblings the same anima of tag listed on the same animals. It is deadline date of the same animals of the same animals of the same animals of the same animals of the same animals. It is same animals of the sam	sheets to use for DNA Is are identified in the s' names MUST appear II. the identification forms the the bank charges for VLIC. e.
Circle one Species (be specific for tag type):	BEEF	SWINE	SHEEP	GOAT	
Fair RFID Tag with DNA Sample Envelope			X \$11.00 * per ani	mal = \$	
Individual RFID Ear Tag	x \$6.00 * per animal = \$				
DNA Sample envelope only					
Ear Tag Applicators and Extractors	(bent needl	e nose pliers) car	be purchased at li	vestock supply st	ores

FOR WLIC OFFICE USE ONLY (Do not fill in this space)

Date Received: _____ Entered by: _____

Check #: ____ Amount: ____

Date Order Shipped: _____

Tag numbers: _____

Wisconsin Livestock Identification Consortium
ID/DNA Program
135 Enterprise Drive
Suite ID

Send request form & payment to:

Verona, WI 53593-9987

*ALL prices include shipping/handling costs