



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Livestock Premises Registration (c/o WLIC)
 4001 Nakoosa Trail Suite 203
 Madison, WI 53714
 Fax: 608-848-4702

Livestock Premises Registration Application

(S. 95.51, Wis. Stats. and ch. ATCP 17, Wis. Adm. Code)

Please return completed form to the address listed above.

A. Registrant information If registrant is a business, provide the legal name of that business.

Name of individual (first name, middle initial, last name) * OR legal name of business (or other legal entity) *		Registrant phone* ()	
All trade or other names* , if any (d/b/a or "doing business as")			County*
Mailing address*	City/Village/Town*	State*	Zip code*
*Registrant type: check one			
<input type="checkbox"/> Individual (includes a pet owner or 'hobby farm')	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Cooperative
<input type="checkbox"/> State or local government entity	<input type="checkbox"/> Tribal entity	<input type="checkbox"/> Trust	<input type="checkbox"/> Estate
		<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Limited Liability Partnership (LLP)

B. Contact information List the name of the Primary Contact for the premises. 'Primary contact' is the individual who best knows about livestock movement on and off or between the premises locations being registered and can be contacted if there is an animal disease emergency. Check applicable box for each phone number type. If contact does not have a phone number, see instruction sheet. **Email is required if you would like to receive your Premises Registration Confirmation card by email. Current cell phone number is required to be able to check premises number by text.**

Primary contact name and phone number * – Fill in below.

First Name	Middle Initial	Last Name
Primary contact phone <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell ()	Backup Phone <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell ()	E-mail (not shared/sold and no spam)
Alternate contact name and phone number – Fill in below (OPTIONAL).		
First Name	Middle Initial	Last Name
Alternate contact phone <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell ()		

C. Address of primary premises location* If the primary location does not have an address, see instruction sheet.

Description of location (Examples: "milking barn" or "pasture")				
Premises Address: Check here if same as mailing address in Section A and skip to Section D <input type="checkbox"/>				
City/Village/Town	State WI	Zip code	County	
<small>O P T I O N A L</small> Township number (1 – 53N)	Range number (20W – 30E)	Section number (1-36)	¼ Section	¼¼ Section
Geographic coordinates West (Longitude) (must be between 86.000 and 94.000)		Geographic coordinates North (Latitude) (must be between 42.000 and 48.000)		

D. Livestock premises type* Check ONE that best applies. If your premises has more than one type of operation, see instruction sheet.

<input type="checkbox"/> Farm or production unit (Includes hobby farm)	<input type="checkbox"/> Livestock exhibition	<input type="checkbox"/> Clinic	<input type="checkbox"/> Market or livestock collection point	<input type="checkbox"/> Rendering or carcass collection point
<input type="checkbox"/> Slaughter establishment	<input type="checkbox"/> Tagging site	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Quarantine facility	<input type="checkbox"/> Non-producer participant (See instruction sheet for definition and examples)

All information with an asterisk (*) is required.

Continued on next page

E. Types of livestock or livestock carcasses on premises and any secondary locations* Check ALL that apply.

Bovine – please specify:

Beef Cattle

Dairy Cattle

Bison

Camelids (includes llamas and alpacas)

Captive cervids (includes deer, elk, moose, caribou, reindeer, and the subfamily musk deer)

Equine (includes horses, mules and donkeys)

Fish (includes all fish kept at a fish farm that requires registration under s. ATCP 10.61)

Goats

Poultry (includes **domesticated fowl** like chickens, turkeys, geese, ducks, guinea fowl, squab, **ratites** like rheas, ostriches, emus, cassowaries, kiwi, and **captive game birds** like pheasants, quail, wild turkeys, migratory wildfowl, pigeons, and exotic birds raised for hunting, which are raised in captivity)

Sheep

Swine

F. Secondary locations (if applicable): Currently, if your premises has more than one location that shares or commingles animals with the primary location, you may list up to three secondary locations here. However, a potential change in regulations will require all premises to have a separate registration. We recommend all premises are registered separately. Unique premises registrations for each location ensure you will be notified if there is a disease outbreak in the area of any of your premises.

If you add additional premises to this section and do NOT want to register these additional premises separately now, check here. Leaving the box unchecked means that additional premises added in this section will be registered separately.

Description of location (Example: "dry cow facility -- 3 miles west of main premises")

Address	City/Village/Town	State WI	Zip code	County
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Description of location (Example: "heifer facility -- 5 miles southeast of main premises")

Address	City/Village/Town	State WI	Zip code	County
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Description of location

Address	City/Village/Town	State WI	Zip code	County
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G. Signature

I declare that I have examined this registration application, and to the best of my knowledge it is true and correct.

Check here if you prefer to receive your card by regular mail instead of email.

Signature of registrant or authorized representative

Date

Print name of person signing

Title of person signing

(Examples: "livestock owner" or "Vice President, XYZ Farms, Inc.")

All information with an asterisk (*) is required.

Additional livestock premises registration forms may be obtained by calling (888) 808-1910 or going to www.wiid.org.

FOR OFFICE USE ONLY

Premises Registration Code:
Date Registered:
Initials:

Manage CPIS/Validated
 Coordinates Stored
 Enrolled/Updated Program Status

Registration
 Renewal
 Exception