



# NATIONAL ANIMAL IDENTIFICATION SYSTEM

## PREMISES REGISTRATION FORM

Ron Sparks, Commissioner  
Tony Frazier, DVM, State Veterinarian

### Business/Farm Account Information:

Business/Farm Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_  
*First Name Middle Initial Last Name*

Secondary Contact: \_\_\_\_\_  
*(\*Optional) First Name Middle Initial 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:\*  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

### Business Account Login Information:

User Name: \_\_\_\_\_ (8-12 characters)

Password: \_\_\_\_\_ (8-12 characters)

Recovery Question: What is your mother's maiden name?

Recovery Answer: \_\_\_\_\_

This will be a hint for you if your password is forgotten when access to your account is made available to you over the internet.

Producer/Contact Signature: \_\_\_\_\_

**Authorized Agent\***  
*(\* to be completed by authorized agents only)*

Agent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Organization: \_\_\_\_\_ Account No.: \_\_\_\_\_

Email Address: \_\_\_\_\_ ID No.: \_\_\_\_\_

(Contact information will not be sold or given out by NAIS without your prior written consent)

**Business/Farm Name:** \_\_\_\_\_

**Premises Information:**

(Primary location where livestock resides, if more than one location and animals are managed separately, 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: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Premises Type:\*  Producer Unit/Farm  Clinic  Exhibition  Laboratory  Market/collection point  
(\*check one)  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

GEO Coordinates:\* Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
(\*optional-must be in Decimal Degrees)

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**Additional Premises Information:**

Premises name/description: \_\_\_\_\_

Premises Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Premises Type:\*  Producer Unit/Farm  Clinic  Exhibition  Laboratory  Market/collection point  
(\*check one)  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

GEO Coordinates:\* Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
(\*optional-must be in Decimal Degrees)

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Return forms to:

Alabama Dept. of Agriculture  
Attn: Premises Registration  
PO Box 3336  
Montgomery, AL 36109  
Fax: 334/240-7198

For questions, contact:

Premises ID support  
Phone 334/240-7253  
Email: animalid.premises@agi.alabama.gov