



PREMISES IDENTIFICATION PROGRAM REGISTRATION FORM

GENERAL INFORMATION

Business Farm Name			
Business Type	<input type="radio"/> Incorporated Company	<input type="radio"/> Individual	<input type="radio"/> Trust
	<input type="radio"/> Government	<input type="radio"/> Partnership	<input type="radio"/> Non-Profit

PREMISES CONTACT

First Name	Middle Name	Last Name
Mailing Address		
City/Town	Province	Postal Code
Telephone	E-mail	

RELATIONSHIP OF CONTACT TO PREMISES

Owner Operator Manager
 Renter/Lessee Livestock Owner Other (Specify) _____

EMERGENCY CONTACT (*Complete if different from Premises Contact*)

First Name	Middle Name	Last Name
Mailing Address		
City/Town	Province	Postal Code
Telephone	E-mail	

PREMISES NAME OR DESCRIPTION (e.g. Main Farm, Community Pasture, Apiary, Hobby Farm, etc.)

For more information, contact the Office of the Vice President for Research and the Office of the Vice President for Student Affairs.

LOCATION OF PREMISES

Legal Land Description						
Title Number		Title Type (Select One)	<input type="radio"/> Lease	<input type="radio"/> License	<input type="radio"/> Grant	<input type="radio"/> Quietling

Premises Address

Street Address	City/Town	Province	Postal Code
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Geographic Coordinates (If Legal Land Description is unknown)

You can easily find your geographic coordinates (latitude and longitude) using [Google Maps](#) on your phone or computer. Simply tap or click on your location to drop a pin, and your coordinates will appear in the search bar or information panel (e.g. 47.583047, -52.723085).

Latitude Longitude

TYPE OF OPERATION (Select all operations conducted on the premises)

<input type="radio"/> Abattoir: Federally Inspected	<input type="radio"/> Feed Mill	<input type="radio"/> Petting Farm
<input type="radio"/> Abattoir: Provincially Registered	<input type="radio"/> Food Storage Facility	<input type="radio"/> Quarantine Facility
<input type="radio"/> Apiary	<input type="radio"/> Fungiculture	<input type="radio"/> Racetrack
<input type="radio"/> Carcass / Deadstock Disposal Site	<input type="radio"/> Greenhouse	<input type="radio"/> Research Facility
<input type="radio"/> Community Pasture	<input type="radio"/> Hatchery	<input type="radio"/> Secondary Processor
<input type="radio"/> Egg Grading Station	<input type="radio"/> Hobby / Backyard Farm	<input type="radio"/> Stable
<input type="radio"/> Exhibition / Fairground	<input type="radio"/> Horticulture	<input type="radio"/> Veterinary Facility
<input type="radio"/> Farm	<input type="radio"/> Pasture / Grazing Land	<input type="radio"/> Other (specify) _____

SPECIES (Select all species on the premises and indicate the maximum capacity - the maximum number of animals the premises can accommodate)

<input type="radio"/> Alpaca	capacity: _____	<input type="radio"/> Mule	capacity: _____
<input type="radio"/> Bees (# of colonies)	capacity: _____	<input type="radio"/> Pig	capacity: _____
<input type="radio"/> Cattle: Beef	capacity: _____	<input type="radio"/> Poultry: Broiler Chicken	capacity: _____
<input type="radio"/> Cattle: Dairy	capacity: _____	<input type="radio"/> Poultry: Layer Chicken	capacity: _____
<input type="radio"/> Donkey	capacity: _____	<input type="radio"/> Poultry: Turkey	capacity: _____
<input type="radio"/> Furbearer: Fox	capacity: _____	<input type="radio"/> Poultry: Duck	capacity: _____
<input type="radio"/> Furbearer: Mink	capacity: _____	<input type="radio"/> Poultry: Goose	capacity: _____
<input type="radio"/> Goat	capacity: _____	<input type="radio"/> Rabbit	capacity: _____
<input type="radio"/> Horse	capacity: _____	<input type="radio"/> Sheep	capacity: _____
<input type="radio"/> Llama	capacity: _____	<input type="radio"/> No Species Present	
<input type="radio"/> Other (specify) _____			capacity: _____

CONSENT FOR THE COLLECTION AND DISCLOSURE OF INFORMATION

I consent to the following:

1. The information in this Registration Form is provided voluntarily.
2. The information is to be used only for preventing, preparing for, responding to, and recovering from federally and provincially reportable animal diseases, diseases of significance to animal or public health, natural disaster emergencies and other disasters.
3. The information will only be used and disclosed by the Department of Forestry, Agriculture and Lands for the purposes described above, or as required by law, or when specifically authorized by the owner of the information. The Department of Forestry, Agriculture and Lands agrees to keep confidential all proprietary information disclosed on this form and will not disclose any of this information except to the extent required by law.
4. The agencies, with which the information will be shared, are the Canadian Food Inspection Agency (CFIA) and Responsible Administrators and the Chief Veterinary Officer from federal, provincial and territorial jurisdictions in Canada.

Name (please print)

Signature

Date

Under the authority of the Newfoundland and Labrador Premises Identification Program and s.61(c) of the *Access to Information and Protection of Privacy Act, 2015* (ATIPPA), personal information is collected and may be shared with the CFIA in order to prevent, prepare for, respond to or recover from a disaster, an animal disease outbreak or an emergency that threatens animal or human health. This information is kept confidential and handled as required by ATIPPA.

Any questions or comments can be directed to the Premises Identification Program Coordinator at 709.637.2088 or NLPID@gov.nl.ca

Submit completed form by mail to:

Newfoundland and Labrador Premises Identification Program

Department of Forestry, Agriculture and Lands

P.O. Box 2006, 192 Wheeler's Road, Corner Brook, NL A2H 6J8