



NICOLE "NIKKI" FRIED
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Animal Industry
Bureau of Animal Disease Control
**APPLICATION/INSPECTION FOR
APPROVED SWINE HOLDING FACILITY**

585.145, 585.15, 585.16, Florida Statutes
5C-21.015, Florida Administrative Code

Contact:
Swine Programs Office
407 South Calhoun Street
Tallahassee, FL 32399-0800
Phone: 850-410-0900
Fax: 850-410-0946

www.FreshFromFlorida.com/ai

FOR FERAL HOLDING FACILITY ONLY

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

COMPLETE ALL ITEMS

Owner's Name _____	Business Name _____	Zip _____
Mailing Address _____	City _____	Code _____
Facility Address _____	City _____	Code _____
Telephone _____	County/ District _____	
Number of Animals _____	Number of Sick Animals _____	
Facility GPS _____	Email _____	
Premises No. (if available) _____	Latitude (5 Digit Decimal) _____	Longitude (5 Digit Decimal) _____
	New Facility	Renewal/Re-inspection

Facility Requirements: (Select Y or N)

- Y/ N 1. Facility is maintained in a clean and sanitary condition at all times.
- Y/ N 2. Facility is maintained in such condition as to prevent escape of captured swine.
- Y/ N 3. Facility is not located adjacent to domestic swine herds.
- Y/ N 4. Facility will hold only feral swine in the facility. No other animals (including cats and dogs) can have direct contact with feral swine held in the facility.
- Y/ N 5. Facility will maintain records on all feral swine entering and leaving for one year and are required to make them available to an authorized representative of the Department when requested.
- Y/ N 6. Facility owner/operator is registered as a Feral Swine Dealer (FSD).

I, undersigned owner/manager hereby will comply with the Department's rules (Chapter 5C-21.015 (3), and 5C-21.002 (6) regarding the removal, movement and disposition of captured feral swine in my possession. I also agree to keep records of all feral swine movements into and out of my facility and will keep such records available for inspection when requested by an authorized representative of the Department.

(Signature of Applicant)

(Authorized Representative of the Department)

(Print Name)

(Date)

Division of Animal Industry: Approval Date: _____ Certificate Number: _____

Approving Authority: _____