



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Animal Industry  
Bureau of Animal Disease Control

APPLICATION FOR PREMISES REGISTRATION

Section 585.145, Florida Statutes  
Rule 5C-31.006, Florida Administrative Code

SEND COMPLETED FORM TO:

Bureau of Animal Disease Control  
Division of Animal Industry  
Cattle Programs Office  
2232 NE Jacksonville Road  
Ocala, Florida 34470  
850/509-8040 Office 352/620-7212 Fax  
[CattleForms@FDACS.gov](mailto:CattleForms@FDACS.gov)

[www.FDACS.gov/AI](http://www.FDACS.gov/AI)

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

**Business/Farm/Ranch/Stable Account Information**

Business/Premises Name \_\_\_\_\_  
Primary Contact \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
Business Phone \_\_\_\_\_ FAX \_\_\_\_\_  
Mobile Phone \_\_\_\_\_ Pager \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
On-site Contact \_\_\_\_\_ Business or Mobile Phone \_\_\_\_\_  
*(If different from above; Manager, Agent, Stable Manager, etc.)*

**Premises Information** *(Where animals are located or the management headquarters within Florida)*

Physical (911) Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
County \_\_\_\_\_

**Primary Business Function** *(Please check only one)*

- Production Unit *(Farm, Ranch, Flock, Equine Facility)*     Clinic *(Location where animals are treated for disease)*     Market/Collection Point *(Backgrounder, Order Buyer, USDA Approved Market, Approved Dealer)*  
 Exhibition (Fairs, Shows)     Quarantine Facility     Laboratory     Port of Entry  
 Slaughter Plant     Tagging Site     Rendering     Non-producer Participant

**Species on Premises** *(please check all that apply, excluding wildlife)*

- Bovine =>  Beef     Dairy     Bison  
Avian =>  Chickens     Ducks     Geese     Guineas     Pheasants     Quail     Ratites     Turkeys  
 Aquaculture     Camelid     Deer     Goats     Horses     Rabbits     Sheep     Swine     \_\_\_\_\_

**GPS Coordinates to entrance of Premises:** Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

**Driving Directions:** *(If U.S. Postal Service does not deliver to this address, include directions from major intersection.)*

From the intersection of: \_\_\_\_\_ & \_\_\_\_\_  
•Travel Mark One:  N  NE  NW  S  SE  SW  E  W \_\_\_\_\_ miles & \_\_\_\_\_ feet to \_\_\_\_\_  
•Then Mark One:  N  NE  NW  S  SE  SW  E  W \_\_\_\_\_ miles & \_\_\_\_\_ feet to \_\_\_\_\_  
•Premise entrance is located on the Mark One:  N  S  E  W side of the road.

\_\_\_\_\_  
Signature of Applicant or Authorized Agent  
Electronic facsimile of signature is accepted.

\_\_\_\_\_  
DATE