# LOCATION (PREMISES) REGISTRATION

ND DEPARTMENT OF AGRICULTURE
STATE BOARD OF ANIMAL HEALTH
SFN 54250 (12-2014)

600 E Boulevard Ave Dept 602
Bismarck, ND 58505-0020
Telephone: (701) 328-2350
1-800-242-7535
FAX (701) 328-4567
E-mail: doa-bah@nd.gov

**For Official Use Only**

| Account Number: | Location (Premises) Number: | ND PIN: |
|---|---|---|
| | | |

**Location (Premises) or Business/Farm/Ranch Account Information**

This is the contact information for your livestock business entity. This may be different than the location where the animals are kept.

| Business/Farm Name | | | |
|---|---|---|---|
| Business/Farm Mailing Address | | | |
| City | State | ZIP Code | County |
| Business Telephone Number | | Business Email Address | |
| Primary Contact: First Name | Middle Name | | Last Name |
| Telephone Number | | Fax Number or Email Address | |
| Secondary Contact: First Name | Middle Name | | Last Name |
| Telephone Number | | Fax Number or Email Address | |

Business Type - Optional (for indemnity purposes only)
☐ Individual ☐ Limited Liability Corporation ☐ Non-profit Organization
☐ Partnership ☐ Limited Liability Partnership ☐ Incorporated

Operation Type: (check all that apply)
☐ Producer Unit/Farm/Ranch ☐ Clinic ☐ Exhibition ☐ Quarantine Facility
☐ Market/Collection Point ☐ Port of Entry ☐ Tagging Site ☐ Slaughter Plant
☐ Non-producer Participant ☐ Rendering ☐ Laboratory

Species at Location (Premises) (check all that apply)
☐ Cattle ☐ Bison ☐ Sheep ☐ Goats ☐ Emu ☐ Poultry
☐ Swine ☐ Horses ☐ Llama ☐ Deer & Elk ☐ Other _____

**Location (Premises) Information (if different than account information):**

| Location (Premises) Name/Description: (Primary location where animals are housed. i.e. farm/ranch/headquarters, feedlot) | | | |
|---|---|---|---|
| Location (Premises) Address | | | |
| City | State | ZIP Code | County |
| Legal Land Description: Township | Range | | Section |
| Name | Telephone Number | | Fax Number or Email Address |

| Comments: |
|---|
| |
| |

| Producer/Contact Signature | Date |
|---|---|
| | |