

STATE OFFICE USE ONLY

User ID: _____ Password: _____ Acct. #: _____ Premises #: _____



Georgia Department of Agriculture
Thomas T. Irvin, Commissioner
Capitol Square, Room 105, Atlanta, GA 30334



NAIS Premises ID Application

Business/Farm/Ranch Account Information

Business/Premises Name _____

Mailing Address _____

City _____ State _____ ZIP _____ County _____

Owner Name _____

Business Phone _____ FAX _____

Cell Phone _____ Pager _____ Email _____

Premises Contact (*Manager, Agent, Stable Manager, etc.*) _____ Business or Cell Phone _____

Business Type (please check only one)

- Individual Incorporated Limited Liability Corporation Partnership
- Limited Liability Partnership Non-Profit Organization State or Federal Government

Premises Information (Primary location where livestock reside. If animals are managed as separate herds on separate locations without commingling, register multiple premises.)

Physical (911) Address _____

City _____ State _____ ZIP _____ County _____

Primary Business Function (please check only one)

- Producer Unit/Farm Exhibition Laboratory Clinic
- Market/collection point Non-Producer Participant Port of Entry Tagging Site
- Quarantine Facility Rendering Slaughter Plant

Species on Premises (please check all that apply)

- Cattle Horses Goats Sheep Swine Deer Elk Llama Bison
- Poultry Chickens Ducks Geese Guineaas Pheasants Quail Turkeys Emu

Signature of Applicant or Authorized Agent: _____

Date: _____

MAIL OR FAX COMPLETED FORM TO:

Mail:
Georgia Department of Agriculture
Attn: NAIS Program Room 105
Capitol Square
Atlanta, GA 30334

FAX:
404-651-9024
Attn: NAIS Program