

## Business/Farm Account Information:

Business/Farm Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_  
First Name Middle name Last name

Secondary Contact: \_\_\_\_\_  
(Optional) First Name Middle name Last name

Business/Farm mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_  Business  Home  Cell  Fax  Pager

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_  Business  Home  Cell  Fax  Pager

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_  Business  Home  Cell  Fax  Pager

Business Type:  Individual  Partnership  Incorporated  Limited Liability Corporation  
(Check one)  Limited Liability Partnership  Non-profit Organization

Operation Type:  Producer Unit/Farm  Clinic  Exhibition  Laboratory  Market/collection point  
(Check all)  Non-producer Participant  Port of Entry  Quarantine Facility  Rendering  
 Slaughter plant  Tagging site

## Business Account Login information:

User Name: \_\_\_\_\_ (minimum of 8 characters)

Password: \_\_\_\_\_ (minimum of 8 characters)

E-mail address\*: \_\_\_\_\_ (\*For confirmation purposes only)

Producer/Contact Signature: \_\_\_\_\_

(Contact information will not be sold or given out by the Illinois Department of Agriculture without your prior written consent)

## Premises Information:

(Primary location where livestock resides, if more than one location & animals are managed separately, apply for multiple premises ID's)

Premises name/description: \_\_\_\_\_ (example "home place", "heifer place")

Premises Address: Check if same as business/farm account mailing address

OR (if not the same as business/farm mailing address)

Premises Address: \_\_\_\_\_

City: \_\_\_\_\_ Illinois Zip: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Premises Type:  Producer Unit/Farm  Clinic  Exhibition  Laboratory  Market/collection point  
(Check all)  Non-producer Participant  Port of Entry  Quarantine Facility  Rendering  
 Slaughter plant  Tagging site

Species at Premises:  Cattle and Bison  Swine  Equines  Poultry  Deer and Elk  Llamas/Alpacas  Ratites  
(Check all)  Sheep  Goats \* Scrapie Flock ID: \_\_\_\_\_

(\*Sheep/goat producers are requested to include their scrapie flock ID.)

Legal Land Description: \_\_\_\_\_  
(Required if no address) Township Range Section

GEO Coordinates: Latitude: \_\_\_\_\_ Longitude: - \_\_\_\_\_  
(Optional)

**Additional Secondary Premises Information (optional):**

Premises name/description: \_\_\_\_\_ (example "home place", "heifer place")

Premises Address: \_\_\_\_\_

City: \_\_\_\_\_ Illinois Zip: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Premises Type :  Producer Unit/Farm  Clinic  Exhibition  Laboratory  Market/collection point  
(Check all)  Non-producer Participant  Port of Entry  Quarantine Facility  Rendering  
 Slaughter plant  Tagging site

Species at Premises :  Cattle and Bison  Swine  Equines  Poultry  Deer and Elk  Llamas/Alpacas  Ratites  
(Check all)  Sheep  Goats \* Scrapie Flock ID: \_\_\_\_\_  
(\*Sheep/goat producers are requested to include their scrapie flock ID.)

Legal Land Description: \_\_\_\_\_  
(Required if no address) Township Range Section

GEO Coordinates: Latitude: \_\_\_\_\_ Longitude: - \_\_\_\_\_  
(Optional)

**You may also register your information securely online via our website at [www.agr.state.il.us/premiseid](http://www.agr.state.il.us/premiseid)**  
For questions, contact the **Illinois Department of Agriculture, Telephone: 866-299-9256** or **Email [ilpremiseid@agr.state.il.us](mailto:ilpremiseid@agr.state.il.us)** If you have more than two premises (animal locations) please request additional sheets.

Important notice:  
This state agency is requesting disclosure of information that is necessary to accomplish the purpose as stated in the Animal Disease Traceability Program. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center. IL 406-1680 (Rev. 3/10)

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\_\_\_\_\_  
\_\_\_\_\_



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO 2215 SPRINGFIELD IL

POSTAGE WILL BE PAID BY ADDRESSEE

**DIVISION OF FOOD SAFETY & ANIMAL PROTECTION**  
**IL DEPT OF AGRICULTURE**  
**PO BOX 19281**  
**SPRINGFIELD IL 62794-9855**

