PREM ID# ___________
for office use

PREMISES REGISTRATION

Business/Farm Account Information: (please print all information)

Farm/Business Name: ______________________________

Primary Contact: ________________________________

 First Name  Middle Name  Last Name

Secondary Contact: ________________________________

(Optional) First Name  Middle Name  Last Name

Business/Farm Mailing Address: ________________________________

City: ______________________ State: MD  Zip: ________________ County: ______________________

Phone: ( ) - __________________ ext: _______  □ Business  □ Home  □ Cell  □ Other
(One phone number required, additional numbers are optional)

Phone: ( ) - __________________ ext: _______  □ Business  □ Home  □ Cell  □ Other

Email Address: ________________________________ (for confirmation purposes only)

Primary Premises:

Operation Type: □ Farm/ Producer Unit  □ Clinic  □ Exhibition  □ Laboratory
(Check ALL that apply) □ Market/Collection Point  □ Non-Producer Participant  □ Port of Entry
 □ Quarantine Facility  □ Rendering  □ Slaughter Plant  □ Tagging Site

Species at Premises: □ Dairy Cattle  □ Beef /Bison  □ Swine  □ Equine  □ Goats
(Check ALL that apply) □ Sheep  □ Poultry  □ Llamas/Alpacas  □ Other ______________________

Premises PHYSICAL Address:  □ Check if same as the Business/Farm Mailing Address

City: ______________________ State: MD  Zip: ________________ County: ______________________

If physical address is NOT available, please supply the GEO Coordinates:
Latitude: N ___________. ___________  Longitude: W ___________. ___________

Producer/Contact Signature: ________________________________ Date: ________________

Return form to: Animal Health/Premises Registration
Maryland Department of Agriculture
50 Harry S. Truman Parkway
Annapolis, MD 21401

For questions, contact:
Phone: 410-841-5810
E-mail: animalhealth.mda@maryland.gov
Web:
http://mda.maryland.gov/animalhealth/Pages/animal_health.aspx

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