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
☐ 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
☐ Sheep  ☐ Poultry  ☐ Llamas/Alpacas
☐ Other

Tags:  
☐ 100 Free Cattle Tags ☐ Yes ☐ No
☐ 100 Free Swine Tags ☐ Yes ☐ No

Premises PHYSICAL Address:  ☐ Check if same as the Business/Farm Mailing Address
(No PO Box)

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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