



North Carolina Department of Agriculture  
and Consumer Services  
*Veterinary Division*

**North Carolina Premise Registration Form**

A complete application should be emailed to [ncfarmid@ncagr.gov](mailto:ncfarmid@ncagr.gov), faxed to (919)733-2277, or mailed to:  
 NC Department of Agriculture  
 Veterinary Division  
 1030 Mail Service Center  
 Raleigh, NC 27699-1030

If needed, check the following:  Cattle Tags  Swine Tags

**Premises Owner Account Information**

Business/Farm Name:

Business Type:  Individual     Incorporated     Partnership     LLC     LLP  
 Government Entity     Non-Profit Organization

Primary Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address:

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

Email Address:

Secondary Contact (Optional): \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Premises Information: Primary location where livestock reside. If animals are managed on separate locations, apply for multiple premises ID's.**

Premises Type:  Production Unit/Farm/Ranch     Market/Collection Point     Exhibition     Clinic     Laboratory  
 Non-Producer Participant (ie: DHIA, non-animal perm, etc.)     Slaughter Plant     Other: \_\_\_\_\_

Premises Name:

Premises Address (If different from mailing address):

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

GPS Coordinates at Entrance (If known): Latitude N \_\_\_\_\_ Longitude W \_\_\_\_\_

**Species Information: Check all that apply. Quantities of animals are only reported to the state database. This information is protected by GS 106-24.1. This and all other statues can be viewed at [www.ncleg.net](http://www.ncleg.net). If you grow poultry or swine on a contract for a corporation, please indicate production system and corporation for which you grow.**

Cattle	Quantity	Equine	Quantity	Goats	Quantity	Sheep	Quantity
<input type="checkbox"/> Beef	_____	<input type="checkbox"/> Horse	_____	<input type="checkbox"/> Meat	_____	<input type="checkbox"/> Meat	_____
<input type="checkbox"/> Dairy	_____	<input type="checkbox"/> Donkey	_____	<input type="checkbox"/> Dairy	_____	<input type="checkbox"/> Dairy	_____
<input type="checkbox"/> Bison	_____	<input type="checkbox"/> Mule	_____	<input type="checkbox"/> Fiber	_____	<input type="checkbox"/> Fiber	_____

<b>Camelids</b> Quantity <input type="checkbox"/> Alpaca    _____ <input type="checkbox"/> Llama        _____	<b>Cervids</b> Quantity _____	<b>Aquaculture</b> Quantity _____	<b>Other Species</b> Quantity _____
<b>Poultry</b> Quantity <input type="checkbox"/> Chicken                     _____ <input type="checkbox"/> Turkey                        _____ <input type="checkbox"/> Ratite (Ostrich/Emu)     _____ <input type="checkbox"/> Waterfowl/ Game Bird    _____ <input type="checkbox"/> Other                         _____			
Poultry Production System: <input type="checkbox"/> Broilers <input type="checkbox"/> Breeders <input type="checkbox"/> Layers <input type="checkbox"/> Commercial Hens			
Integrator/Corporation: _____			
<b>Swine</b> Quantity <input type="checkbox"/> Breeding                     _____ <input type="checkbox"/> Feeding                        _____ <input type="checkbox"/> Nursery                        _____ <input type="checkbox"/> Other                            _____			
Swine Production System: <input type="checkbox"/> Garbage Feeders <input type="checkbox"/> Nursery <input type="checkbox"/> Farrow-To-Finish <input type="checkbox"/> Finishing <input type="checkbox"/> Isolation <input type="checkbox"/> Sow <input type="checkbox"/> Composter <input type="checkbox"/> Petting Zoo <input type="checkbox"/> Boar Stud <input type="checkbox"/> Pasture Pork <input type="checkbox"/> Unknown			
Operation Type: <input type="checkbox"/> Independent Commercial Farm <input type="checkbox"/> Transitional/ Backyard Farm			
Integrator/Corporation: _____			
Signature: _____		Date: _____	

<b><u>FOR OFFICE USE ONLY- DO NOT WRITE BELOW THIS LINE</u></b>	
Event/Presentation Date:	
Event/Presentation Name:	
<b>NC FarmID Federal ID Information</b>	<b>NCDA&amp;CS State Database Information</b>
Date Entered:	Date Entered:
Person Entering Data:	Person Entering Data:
User:	
Password:	
Account Number:	
Federal Premises ID Number:	State Premises ID Number: