		land Department of Agricu 50 Harry S. Truman Parkway Annapolis, MD 21401 Phone (410) 841-5810 REMISES REGISTRATIO (Required for tags)	ON
			PREM ID#
Business/Farm Ac	count Information ·	(please print all information)	for office use
		picase print an information)	
Farm/Business Name	:		
Primary Contact:		Middle Name	
	First Name	Middle Name	Last Name
Secondary Contact: _			
(Optional)	First Name	Middle Name	Last Name
Business/Farm Mailin	ng Address:		
	State: MD Zip: County:		
(One phone numb	er required, additional numbers	ext: Busine	
Phone: ()		ext: Busine	ss 🗌 Home 🗌 Cell 🗌 Other
Email Address:			(for confirmation purposes only)
*****	*****	*******	******
Primary Premis	ses:		
		Unit 🗌 Clinic 🗌 Exh	
(Check ALL that appl		on Point Non-Producer Parti	· <u> </u>
	Quarantine Facil	ity Rendering Slav	ughter Plant
Species at Premises:	Dairy Cattle	Beef/Bison Swine	Equine Goats
(Check ALL that app	ly) 🗌 Sheep	Poultry Llamas/Alpaca	s Other
Premises PHYSICA	L Address of Anima	ls: Check if same as the	e Business/Farm Mailing Address
a			C C
Street/# (<i>No P.O. B</i>	ox):		
City:	Sta	ate: MD Zip: C	ounty:
		_	
If physical address is	NOT available, please	supply the GEO Coordinates:	
Latitude: N	·	Longitude: W	
Producer/Contact	Signature:		Date:
Return form to: Ani	mal Health/Premises R	egistration For question	ns. contact:
	yland Department of A		
	Harry S. Truman Parkw		al.disease.traceability@maryland.gov
	apolis, MD 21401; or		da.maryland.gov/animalhealth/Pages/animal_heal