

## PREMISES IDENTIFICATION PROGRAM REGISTRATION FORM

Purpose of Application O New Premises O Update Existing Premises

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General Information								
Business   Farm Name								
Business Type (Select One)	O Incorporated Company	O Individual	O Trust					
	O Government	O Partnership	O Non-Profit					

Premises Contact				
First Name	Middle Name		Last Name	
Mailing Address				
City Town	Province		Postal Code	
Phone	Mobile		Fax	
Email				
Preferred Method of Communication (Select	or O Phone	O Mobile	O Fax	O Email

Relationship of Contact to Premises							
O Owner	O Operator	O Manager					
O Renter   Lessee	O Livestock Owner	O Other (Specify)					

Location of Premises						
Legal Land Description						
Title Number Title Type <i>(Select One)</i>		O Lease	O License		O Grant	
		O Quieting	O Other (	Specify)		
Street Address (If premises is contained	ined in an urban area)					
Physical Address		City Town		Province		Postal Code

## **Premises Name or Description**

Provide a name or description of the premises (e.g. Main Farm, Summer Pasture, etc.)

Premises Emergency Contact (For animal health or natural disaster emergencies)								
First Name	Middle Name Last Name							
Mailing Address								
City Town	Province		Postal Code					
Phone	Mobile		Fax					
Email								
Preferred Method of Communication (Select	ct One) O Phone	O Mobile	O Fax	O Email				

Type of Operation (Select all operations conducted on the premises)							
O Abattoir: Federally Inspected	O Farm	O Petting Farm   Zoo					
O Abattoir: Provincially Registered	O Greenhouse	O Quarantine Facility					
O Carcass   Deadstock Disposal Site	O Hatchery	O Racetrack					
O Community Pasture	O Hobby Farm   Small Acreage	O Stable					
O Egg Grading Station	O Horticulture	O Veterinary Facility (Clinic, Laboratory, Hospital)					
O Exhibition   Fairground	O Pasture (Range)	O Other (specify)					

Crops (Select all crops grown on the premises)							
O Aquaponic	O Fruit   Berries	O Sod					
O Christmas Trees	O Grains   Oilseeds	O Vegetables					
O Floriculture	O Hydroponic	O Other (specify)					
O Forage   Pasture	O Nursery	O No Crops Present					

Species (Select all species on the	ne premises a	and indicate th	e maximum capacity for each species so	elected)	
O Alpacas	capacity:		O Mules   Donkeys	capacity:	
O Bees (# of colonies)	capacity:		O Poultry: Broilers	capacity:	
O Bison	capacity:		O Poultry: Layers	capacity:	
O Cattle: Beef	capacity:		O Poultry: Turkeys	capacity:	
O Cattle: Dairy	capacity:		O Rabbits	capacity:	
O Domestic Cervids	capacity:		O Sheep	capacity:	
O Fur Bearing Animals	capacity:		O Swine	capacity:	
O Goats	capacity:		O Wild Birds in Captivity	capacity:	
O Horses	capacity:		O Other (specify)	capacity:	
O Llamas	capacity:		O No Species Present		

## Statement of Certification and Consent for Collection and Disclosure of Information

I consent to the following:

- 1. The information provided in this Application and associated Premises and Sub-Premises Registration Forms is to be used for the following purposes:
  - Preventing, preparing for, responding to, and recovering from federally and provincially-reportable animal diseases, diseases of significance to animal or public health, natural disaster emergencies and other disasters.
  - b) Collection, verification and sharing of information held in the Newfoundland and Labrador Premises Identification Program.
- 2. The information will be used and disclosed by the Department of Fisheries and Land Resources for the purposes described above, or as required by law, or when specifically authorized by the owner of the information.
- 3. The agencies, with which the information will be shared, includes but is not limited to: Canadian Food Inspection Agency (CFIA), Responsible Administrators, Chief Veterinary Officer of Canada, Provincial Chief Veterinary Officers across Canada, Emergency Services Division of the Department of Municipal Affairs and Environment, and respective Provincial Commodity Boards and National Marketing Agencies.

I certify that:

- 1. All information provided in this Account Application Form, and associated Premises and Sub-Premises Registration Forms, as applicable, in relation to this Premises Identification Program is complete and correct;
- 2. I will provide the necessary updates to ensure that the information related to the premises in this Application Form and associated Premises and Sub-Premises Registration Forms is complete and correct.

Under the authority of the Newfoundland and Labrador Premises Identification Program and s.65(c) of the *Access to Information and Protection of Privacy Act, 2015* (ATIPPA), personal information is collected and may be shared with the CFIA in order to prevent, prepare for, respond to or recover from a disaster, an animal disease outbreak or an emergency that threatens animal or human health. This information is kept confidential and handled as required by ATIPPA.

Any questions or comments can be directed to the Premises Identification Program Coordinator at 709.637.2088 or NLPID@gov.nl.ca

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Name (please print) Signature		Date	Date							
Submit Completed Forms to: Newfoundland and Labrador Premises Identification Program										

Department of Fisheries and Land Resources P.O. Box 2006, 4 Herald Avenue, Corner Brook, NL A2H 6J8 Fax: 709.637.2586 Email: NLPID@gov.nl.ca