



**Tennessee Department of Agriculture  
Regulatory Services/Animal Health  
Tennessee Premises Registration Form**



<b>Purpose of Form</b>	<b>New Premises Account</b>	<b>Updating Existing Premises Account</b> <i>(list account #)</i>	
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**Contact information**

<b>Business/Farm Name*</b> <i>*Required</i>			
	<i>*You must list a name for your business/farm</i>		
<b>Primary Contact*</b> <i>Farm Operator</i> <i>*Required</i>			
	First Name	Middle Name	Last Name
<b>Mailing Address*</b> <i>*Required</i>			TN
	Street Address	City	Zip
<b>Phone Numbers*</b> <i>Include area code</i> <i>*Required</i>			
	Home	Cell	Work
<b>Email Address</b>			
<b>Secondary Contact</b>			
	First Name	Middle Name	Last Name
<b>Mailing Address</b>			TN
	Street Address	City	Zip
<b>Phone Numbers</b>			
	Home	Cell	Work
<b>Email Address</b>			

**PREMISES ID INFORMATION (A premises is the location where animals reside or location of a TAEP project)**  
*The premises address must be a physical address. DO NOT LIST A POST OFFICE BOX.*  
*The address must be a 911 address or supply latitude and longitude for entrance to property.*  
*List addresses for all farms that you operate. Attach a separate piece of paper if you need to list additional locations.*

<b>Premises Physical Address</b>  <i>Location # 1</i> <i>Own ___ Lease ___</i>			TN	
	Street Address	City		Zip
	Lat.	Long.		County
<b>Premises Physical Address</b>  <i>Location # 2</i> <i>Own ___ Lease ___</i>			TN	
	Street Address	City		Zip
	Lat.	Long.		County
<b>Premises Physical Address</b>  <i>Location # 3</i> <i>Own ___ Lease ___</i>			TN	
	Street Address	City		Zip
	Lat.	Long.		Zip

<b>Premises Type</b>	Producer /Farm	Clinic	Exhibition	Laboratory
	Market/Collection Point		Non-Producer	Slaughter Plant

<b>Species at Premise</b> <i>Check all that apply</i>	Bovine/Bison-Cattle	Camelid/Llama-Alpaca	Caprine/Goat	Equine/Horses
	Laprine/Rabbits	Ovine/Sheep	Porcine/Swine	Poultry/Chickens-Turkeys
	Ratite/Ostrich-Emu	Other <i>list the species</i>		No animals at this location

<b>Owner or Owner Representative* Name</b>	
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*Applicant must have permission from landowner to register his/her premises.  
Signature authorizes agent to input all available data to acquire premises identification - \*representative's signature implies owner permission.*

<b>Return Form To:</b>	<b>Tennessee Department of Agriculture, Attention: Premises Registration, P.O. Box 40627, Nashville, TN 37204</b> <b>Telephone: 615-837-5120, Fax: 615-837-5250, Email: <a href="mailto:animal.health@tn.gov">animal.health@tn.gov</a>.</b> Your Premises Registration card will be mailed to you. You can also take this form to your local Farm Service Agency - local listings can be found at <a href="http://www.fsa.usda.gov/tn">www.fsa.usda.gov/tn</a> .
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