

What is the Iowa Premises Identification Program and how does it relate to Animal Disease Traceability?

- The Animal Disease Traceability Program is a national animal health program that is being developed by the USDA and state animal health agencies, in cooperation with industry. This program includes premises identification.
- Premises Identification involves assigning a unique number to premises involved in animal agriculture. Allied agricultural operations and non-producer participants can also be assigned Premises Identification Numbers.
- The Premises Identification will involve recording information such as addresses, names of contacts, the type of premises, and a contact phone number. This information will be maintained by IDALS and key pieces will be shared with the USDA to be available for animal disease tracing purposes.
- At present time, obtaining a premises identification number is completely voluntary. Premises Identification is done at no cost to the producer.
- Any questions or concerns please contact:

Dee Clausen
Premises ID Coordinator
888.778.7675
idals_id@iowaagriculture.gov



Please seal with tape prior to mailing.

Iowa Department of Agriculture and Land Stewardship
Animal Industry—IAP
Wallace State Office Building
502 E. 9th St.
Des Moines, Iowa 50319

Place
Stamp
Here

Iowa Premises Identification Program

Premises Identification Number Application



Tel: 888.778.7675
Fax: 515.281.4282
Email: idals_id@iowaagriculture.gov
Web: www.iowaagriculture.gov/animalindustry.asp

Iowa Department of Agriculture and Land Stewardship

Wallace State Office Building
502 E 9th St.
Des Moines, Iowa 50319

For IDALS Use Only	
Date received and by: _____	Date: _____ By: _____
Premises ID No: _____	

Premises Identification Number Application (Print Legibly)

Business/Farm Account Information

Business/Farm Name: _____

Primary Contact: _____
(Landlord) Last First M.I.

Secondary Contact: _____
(Lessee, if applicable) Last First M.I.

Business/Farm Mailing Address: _____
911 Street Address

For contact numbers, please circle "P" for Primary Contact #, "S" for Secondary Contact #, and check box for preferred method of contact

Business Phone: () () P/S Fax Number: () () P/S

Cell Phone: () () P/S E-mail Address: _____ P/S

Home Phone: () () P/S Other (describe): _____ P/S

Signature (required): _____ Date: _____

Business Type(Check one)

- Individual Partnership Incorporated Non-Profit Organization LLC LLP

Operation Type (Check all that apply)

- Producer Unit/Farm Exhibition, Zoo Market/Collection Point Port of Entry
 Tagging site Veterinary Clinic Non-producer Participant Quarantine Facility
 Slaughter Plant Rendering Laboratory/Research Semen Collection/Embryo Transfer

Premises Information

Primary location where livestock resides, if more than one location and animals are managed separately, apply for multiple premises ID's on additional forms

Premises Address: Check if same address as above, **OR** list different address below

911 Street Address

City _____ State _____ Zip _____ County _____
Premises Name/Description: _____ (ex. "home place" or "feed yard")

Premises Type (Check all that apply)

- Producer Unit/Farm Exhibition, Zoo Market/Collection Point Port of Entry
 Tagging site Veterinary Clinic Non-producer Participant Quarantine Facility
 Slaughter Plant Rendering Laboratory/Research Semen Collection/Embryo Transfer

Species at Premises (Check all that apply, circle operation type(s) where applicable)

- | | | | | |
|--|-----------|----------------|---------------------|-----------|
| <input type="checkbox"/> Bison and/or Cattle: | Cow/Calf | Dairy | Feedlot | Seedstock |
| <input type="checkbox"/> Swine: | Boar Stud | Farrow | Finish | Nursery |
| <input type="checkbox"/> Poultry: | Chickens | Ducks | Geese | Pheasants |
| <input type="checkbox"/> Goats: | Dairy | Meat | Other (list): _____ | Quail |
| <input type="checkbox"/> Cervids: | Elk | Whitetail Deer | Other (list): _____ | Turkeys |
| <input type="checkbox"/> Camelids: | Alpacas | Llamas | | Other |
| <input type="checkbox"/> Ratites | Emu | Ostrich | | |
| <input type="checkbox"/> Sheep | | | | |
| <input type="checkbox"/> Horses | | | | |

Additional Land Descriptions

Legal Land Description* _____ Township _____ Range _____ Section _____
(Required if no address)

GPS Coordinates* _____ Latitude (Decimal degrees) _____ Longitude (Decimal degrees) _____
(Optional)