Tennessee Department of Agriculture, Regulatory Services, Animal Health
Tennessee Premises Registration

Premises Account Information: **Please Print Legibly**

Landowner(s): _____
(Must have permission from landowner to register his/her premises)

Primary contact (farm operator):* _____ _____ _____
*(*if different from landowner)* *First Name* *Middle Initial* *Last Name*

Business name/Farm name: _____

Secondary /Additional contact _____ _____ _____
First Name *Middle Initial* *Last Name*

Account/Farm mailing address:* _____
*(*P. O. Box allowed here)*

City: _____ State: _____ Zip: _____-_____ County: _____

Primary Contact Phone:( )_____ ( )_____ ( )_____ ( )_____
Home *Office* *Cell* *Fax*

E-Mail address: _____
(Confirmation of premises registration can be sent to your email address)

Secondary Contact Phone:( )_____ ( )_____ ( )_____ ( )_____
Home *Office* *Cell* *Fax*

E-Mail address: _____

If the premises location is different from the address given above, please give that address below. The premises address must be a physical address—NOT A POST OFFICE BOX.

Main Premises Physical Address/Location: _____
(A premises is the location where the animals reside)

City: _____ State: _____ Zip: _____-_____ County: _____

Please fill out another form if you have additional locations on which animals residing there are managed separately from this premises and not brought together

Please list all farms below where the animals are brought together with those on the main premises

Premises description or business/farm name: _____

GPS Coordinates:* Latitude:_____._____ Longitude:_____._____
*(*Required if no physical address is given. Please consult your local Farm Service Agency or the Tenn. Dept. of Agriculture.)*

Premises Type:* ____Producer unit/farm ____Clinic ____Exhibition ____Laboratory
(*check all that apply*) ____Market/collection point ____Non-producer participant ____Port of entry
____Quarantine facility ____Rendering ____Slaughter plant ____Tagging site

Species at Premises:* ___ Dairy cattle ___Beef cattle ___Bison ___Swine ___Sheep ___Goats __Horses
(*check all that apply*) ___Poultry ___Deer or elk ___Llama ___Emu Other_____

Owner/Owner Representative Signature:_____

Signature authorizes agent to input all available data to acquire a premises number (representative's signature implies owner permission)

Authorized Agent *(to be completed by authorized agents only)*

Local FSA, list farm numbers that are linked to the main premises: _____

Agent Name:_____Agent Organization:_____

User ID# _____ Password _____ PIN _____

(Contact information will not be given out by NAIS or TDA without your prior written consent)

Forms may be returned to:

Your local Farm Service Agency Office
(go to www.fsa.usda.gov/tn/
or check phone directory
for your local listings)
AG - 0616

or

Tennessee Department of Agriculture
ATTN: Premises Registration
P. O. Box 40627
Nashville, TN 37204
www.state.tn.us/agriculture/tpis

For questions, please contact:

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