



West Virginia Department of Agriculture

Gus R. Douglass, Commissioner
Janet L. Fisher, Deputy Commissioner
Steve Hannah, Deputy Commissioner



Premise/Farm Identification Form

"The following information will enable the West Virginia Department of Agriculture to obtain a unique farm ID number for you."

Business/Farm Account Information:

Date: _____

Please Print All Information

Business/Farm/Owner Name: _____

Primary Contact: _____
First Name Middle Name Last Name

Secondary Contact: _____
First Name Middle Name Last Name

Business/Farm/Owner Mailing Address: _____

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

Phone Number: _____ - _____ - _____ ext: _____ (Business Home Cell Fax Pager)

Phone Number: _____ - _____ - _____ ext: _____ (Business Home Cell Fax Pager)

E-Mail: _____

Business Type: Individual Partnership Incorporated Limited Liability Corporation
(check one) Limited Liability Partnership Non-Profit Organization

Operation Type: Producer Unit/Farm Clinic Exhibition Laboratory Tagging Site
(check all that apply) Market/Collection Point Non-producer Participant Slaughter Plant Livestock Dealer

Species Type: Cattle and Bison Swine Sheep Goats Horses Poultry
(check all that apply) Deer and Elk Llama Emu Other _____

Premise Information

Premise Name/Description: _____ (example "home place", "Aunt Jane's Place")
(Primary location where animals reside)

Premise Address: Check if same as business/farm account mailing address
OR (if not the same as business mailing address)

Premise Address: _____

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

PLEASE COMPLETE PREMISE INFORMATION ON BACK PAGE

Premises Information Continued:

Land Description: _____
(required if no address, information can be found on current tax ticket)

GPS Coordinates (if known, optional): Latitude: _____ Longitude: _____

Land Description: _____
(required if no address, information can be found on current tax ticket)

GPS Coordinates (if known, optional): Latitude: _____ Longitude: _____

Additional Secondary Premise Information (optional)

Premise Name/Description: _____ (example "home place", "Aunt Jane's Place")
(Primary location where animals reside)

Premise Address: Check if same as business/farm account mailing address

OR (if not the same as business mailing address)

Premise Address: _____

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

Operation Type: Producer Unit/Farm Clinic Exhibition Laboratory Tagging Site
(check all that apply) Market/Collection Point Non-producer Participant Slaughter Plant Livestock Dealer

Species at Premise: Cattle and Bison Swne Sheep Goats Horses Poultry
(check all that apply) Deer and Elk Llama Emu Other _____

Land Description: _____
(required if no address, information can be found on current tax ticket)

GPS Coordinates (if known, optional): Latitude: _____ Longitude: _____

Business/Owner Signature: _____

Signature of Person Completing Form: _____ Date Completed: _____

(To be completed by the West Virginia Department of Agriculture)

Unique Premise ID# Account #

User ID Password

For more information contact:

Form can be e-mailed to
Melissa Garrett by clicking on
the SUBMIT FORM button at
the bottom of the page.

**West Virginia Department of Agriculture
Melissa Garrett
State Animal ID Coordinator
Animal Health Division, 1900 K
1900 Kanawha Boulevard, East
Charleston, WV 25305-0172**

Toll Free: 1-866-844-2214 or 304-558-2214 / 558-2231 Fax

SUBMIT FORM