

Premises Identification Program Application Form

To complete an application online, visit premisesid.saskatchewan.ca.

Page 1 of 2

Registrant Information				
Business Type (select only one): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Indian Band		First name/Last name:		
		Business Operating Name (if not an incorporated company):		
		Legal Business Name (if an incorporated company, partnership, or Indian Band):		
Mailing Address:		Email Address (optional):		
Town/City:		Province:	Postal Code:	
Primary Phone:	Alternate Phone:	Fax:	CCIA Account ID:	
Location				
Legal Land Description				
Quarter	Section	Township	Range	Meridian
				W
OR		Other (ex: Parcel, lot, block, plan, river lot):		
Relationship to Premises:				
<input type="checkbox"/> I am the titleholder		I am not the titleholder, I am a: <input type="checkbox"/> Renter <input type="checkbox"/> Operator <input type="checkbox"/> Manager		
Specify titleholder's name:				
Emergency Contacts (Additional contacts if we cannot reach the applicant in an emergency situation.)				
First name:		Middle name (optional):	Last name:	
Mailing Address:		Town/City:	Province:	Postal Code:
Primary Phone:	Alternate Phone (optional):	Email Address (optional):	Relationship to Applicant:	
First name:		Middle name (optional):	Last name:	
Mailing Address:		Town/City:	Province:	Postal Code:
Primary Phone:	Alternate Phone (optional):	Email Address (optional):	Relationship to Applicant:	
First name:		Middle name (optional):	Last name:	
Mailing Address:		Town/City:	Province:	Postal Code:
Primary Phone:	Alternate Phone (optional):	Email Address (optional):	Relationship to Applicant:	

Operation: (Check all that apply to the premises.)

<input type="checkbox"/> Abattoir	<input type="checkbox"/> Feedlot	<input type="checkbox"/> Pasture (Range)
<input type="checkbox"/> Assembling Station	<input type="checkbox"/> Genetics Center (AI/Embryo/Semen)	<input type="checkbox"/> Renderer
<input type="checkbox"/> Boarding Stable	<input type="checkbox"/> Hatchery	<input type="checkbox"/> Research Facility
<input type="checkbox"/> Community Pasture/Co-op Grazing	<input type="checkbox"/> Livestock Headquarters (Farm/Ranch)	<input type="checkbox"/> Veterinary Laboratory/Facility
<input type="checkbox"/> Fairs and Exhibitions	<input type="checkbox"/> Livestock Market	<input type="checkbox"/> Zoo/Petting Zoo
<input type="checkbox"/> Other (<i>specify</i>):		

Species: (Check all that apply and indicate maximum capacity/average number of species.)

Capacity		Capacity		Capacity	
<input type="checkbox"/> Alpacas	_____	<input type="checkbox"/> Cattle: Beef	_____	<i>Poultry:</i>	
<input type="checkbox"/> Asses/Mules/Donkeys	_____	<input type="checkbox"/> Cattle: Dairy	_____	<input type="checkbox"/> Broiler	_____
<input type="checkbox"/> Bees	_____	<i>Domestic Cervids:</i>		<input type="checkbox"/> Table Egg	_____
<input type="checkbox"/> Bison	_____	<input type="checkbox"/> Deer	_____	<input type="checkbox"/> Turkey	_____
<i>Birds in Captivity:</i>		<input type="checkbox"/> Elk	_____	<input type="checkbox"/> Pullet	_____
<input type="checkbox"/> Ducks	_____	<input type="checkbox"/> Goats	_____	<input type="checkbox"/> Sheep	_____
<input type="checkbox"/> Geese	_____	<input type="checkbox"/> Horses	_____	<input type="checkbox"/> Swine	_____
<input type="checkbox"/> Pheasents	_____	<input type="checkbox"/> Llamas	_____	<input type="checkbox"/> Wild Boar	_____
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Capacity: _____	Capacity: _____	Capacity: _____	Capacity: _____		

Consent for Disclosure of Information

I consent to the following:

- That the information provided in this application is to be used for the following purposes:
 - Preventing, preparing for, responding to and recovering from federally and provincially notifiable animal diseases, diseases of significance to animal or public health, natural disaster emergencies and other disasters; and
 - Verifying the accuracy of information held in the Saskatchewan PID program.
- The information will be used and disclosed by the ministry for the purposes described above, or as required by law, or when specifically authorized by the owner of the information. This includes but is not limited to *The Freedom of Information and Protection of Privacy Act*. The owner of information is defined as the producer or other business such as feedlot, abattoir, vet clinic, etc. who provided the information to the Saskatchewan PID program.
- The agencies with which the information will be shared includes, but is not limited to, the Canadian Food Inspection Agency, the Chief Veterinary Officer of Canada, Provincial Chief Veterinary Officers across Canada, and Saskatchewan Emergency Management and Fire Safety.

Statement of Certification

I agree that:

- The information provided on this application form is complete and accurate;
- The information will be used for the Saskatchewan PID program; and
- I will provide the necessary updates to ensure that the information related to the premises in this application form is complete and correct.

Name (please print)

Signature

Date (yyyy-mm-dd)

Submit completed forms to:

Saskatchewan Ministry of Agriculture - PID Program
Livestock Branch
202 - 3085 Albert Street
Regina, SK S4S 0B1
Email: saskpid@gov.sk.ca
Fax: 306-787-1315