

Premises Identification Program Application Form



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

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:						
Location													
Legal Land Description						OR	Other (ex: Parcel, lot, block, plan, river lot)						
Quarter Section	Section	Township	Range	Meridian W									
Relationship to Premises:													
<input type="checkbox"/> I am the title holder			I am not the title holder, I am a:				<input type="checkbox"/> Renter			<input type="checkbox"/> Operator		<input type="checkbox"/> Manager	
Specify title holder'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:						

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

Statement of Certification		
I agree that: <ol style="list-style-type: none"> 1. The information provided on this application form is complete and accurate; 2. The information will be used for the Saskatchewan PID program; and 3. I will provide the necessary updates to ensure that the information related to the premises in this application form is complete and correct. 		
<i>Name (please print)</i>	<i>Signature</i>	<i>Date (yyyy-mm-dd)</i>

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