

**To complete an application online, visit
<http://premisesid.saskatchewan.ca>**

**Required Information*

Registrant Information:				
Business Type* (select <i>ONE</i> only)	<input type="checkbox"/> Incorporated Company <input type="checkbox"/> Individual	<input type="checkbox"/> Partnership (<i>list partner[s] as emergency contacts</i>) <input type="checkbox"/> Indian Band		
First Name*	Middle Name	Last Name*		
Legal Business Name (If Incorporated Company, Partnership, or Indian Band)				
Business Operating Name (if <i>NOT</i> Incorporated Company)				
Mailing Address*	Town/City*	Province*	Postal Code*	
Primary Phone*	Alternate Phone	Fax		
Email (Required to receive a confirmation of enrollment email)				

Location*:																		
Legal Land Description Part Quarter Section Township Range Meridian <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 15%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">W</td> <td></td> <td></td> </tr> </table>														W			OR	Other (ex: Parcel; Lot, Block, Plan; River Lot)
					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: <input style="width: 80%;" type="text"/>																		

Emergency Contacts: Additional contacts if we cannot reach applicant in an emergency situation.				
First Name*	Middle Name	Last Name*		
Mailing Address	Town/City	Province	Postal Code	
Primary Phone*	Alternate Phone	Email	Relationship to Applicant*	
First Name*	Middle Name	Last Name*		
Mailing Address	Town/City	Province	Postal Code	
Primary Phone*	Alternate Phone	Email	Relationship to Applicant*	
First Name*	Middle Name	Last Name*		
Mailing Address	Town/City	Province	Postal Code	
Primary Phone*	Alternate Phone	Email	Relationship to Applicant*	

***Required Information**

Operation*: Check all operations 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"/> Competition Facility/Race Track	<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

Other (*specify*): _____

Species*: Check all species that apply and indicate maximum capacity for each species selected.

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"/> Pheasants: _____	<input type="checkbox"/> Llamas _____	<input type="checkbox"/> Wild Boar _____

<input type="checkbox"/> Other: _____ Capacity: _____	<input type="checkbox"/> Other: _____ Capacity: _____	<input type="checkbox"/> Other: _____ Capacity: _____	<input type="checkbox"/> Other: _____ Capacity: _____
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Statement of Certification:

I agree that:

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 and attached schedules is complete and correct.

Name (please print)

Signature

Date (yyyy-mm-dd)

Submit Completed Forms to:

Mail: Saskatchewan Ministry of Agriculture – PID Program
Livestock Branch
202 – 3085 Albert Street
Regina SK S4S 0B1

Fax: 306-787-1315