



PREMISES IDENTIFICATION APPLICATION for SOUTH CAROLINA

How do we contact you? (Business/Farm Account Information)

Primary Contact: First Name Middle Initial Last Name

Business/Farm Name:

Contact/Farm mailing address:

City: State: Zip: - County: (One phone number required, additional numbers are optional)

Phone number: ext: (Business/Work Home Cell Fax Pager)

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Online Business Account Login Information: (User Name & password will be assigned for you if left blank)

E-mail address\*: (\*if you use email)

User Name: (8-12 characters – case sensitive)

Password: (12 characters – case sensitive)

Where are your animals?

Do you have farm animals at the address above? Yes No\*\*

Premises name/description: (Business Name will be used if left blank)

\*Premises Type: Farm/Production Unit Clinic Exhibition Market/collection point Tagging site Non-producer Participant Port Quarantine Facility Rendering Slaughter plant Lab

\*Species at Premises: Dairy Beef Bison Swine Sheep Goats Horses (Equine) Aquaculture Llama Ratite Poultry - type:

(\*check all that apply)

\*\* If you answered No to the question above or contact address is a PO Box, please fill out this section:

Premises Address (911 type only):

City: State: SC Zip: - County:

If the above address does not receive mail or is not a 911 address, please complete as much of the following as possible:

Directions to the front gate from the nearest intersection:

GPS Coordinates: Latitude: Longitude: -

How were GPS coordinates obtained:

Do you have animals at other locations? Use back to register additional premises.

Return forms to:

Premises Registration, Clemson LPH, PO Box 102406, Columbia, SC 29224-2406 fax: 803-736-0885

For questions, contact ID support: Phone: 803-788-2260 x235 or e-Mail: IDinfo@clemson.edu

For self-service go to www.clemson.edu/LPH

**Additional Premises Information:**

Premises name/description: \_\_\_\_\_

Premises Address (911 type only): \_\_\_\_\_

City: \_\_\_\_\_ State: SC Zip: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

**If the above address does not receive mail or is not a 911 address, please complete as much of the following as possible:**

Directions to the front gate from the nearest intersection: \_\_\_\_\_

GPS Coordinates: Latitude: \_\_\_\_\_ Longitude: - \_\_\_\_\_

How were GPS coordinates obtained: \_\_\_\_\_

**\*Premises Type:**  Farm/Production Unit  Clinic  Exhibition  Market/collection point  Tagging site  
 Non-producer Participant  Port  Quarantine Facility  Rendering  Slaughter plant  Lab

**\*Species at Premises:**  Dairy  Beef  Bison  Swine  Sheep  Goats  Horses (Equine)  
 Aquaculture  Llama  Ratite  Poultry - type: \_\_\_\_\_

(\*check all that apply)

**Additional Premises Information:**

Premises name/description: \_\_\_\_\_

Premises Address (911 type only): \_\_\_\_\_

City: \_\_\_\_\_ State: SC Zip: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

**If the above address does not receive mail or is not a 911 address, please complete as much of the following as possible:**

Directions to the front gate from the nearest intersection: \_\_\_\_\_

GPS Coordinates: Latitude: \_\_\_\_\_ Longitude: - \_\_\_\_\_

How were GPS coordinates obtained: \_\_\_\_\_

**\*Premises Type:**  Farm/Production Unit  Clinic  Exhibition  Market/collection point  Tagging site  
 Non-producer Participant  Port  Quarantine Facility  Rendering  Slaughter plant  Lab

**\*Species at Premises:**  Dairy  Beef  Bison  Swine  Sheep  Goats  Horses (Equine)  
 Aquaculture  Llama  Ratite  Poultry - type: \_\_\_\_\_

(\*check all that apply)

Person completing this form (if other than primary contact):

Name(print) \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Role: \_\_\_\_\_