



VOLUNTARY SIGN-UP FORM Arkansas Premises Identification

Ark. Livestock & Poultry Comm.

Business/Farm Account Information:

Business/Farm Name: _____

Primary Contact: _____
First name Middle name Last name

Secondary Contact: _____
(optional) First name Middle name Last name

Business/Farm mailing Address: _____

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

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

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

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

E-mail address: _____

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

Operation Type: Producer Unit/Farm Clinic Exhibition Laboratory Market/collection point
(check all that apply) Non-producer Participant Rendering Slaughter plant Tagging site

Premises Information:

(Primary location where livestock resides, if more than one location and animals are managed separately, apply for multiple premises ID's)

Premises name/description: _____ (example "home place", "heifer place")

Premises Address: Must be a 911 address. Check if same as business/farm account mailing address

OR (if not the same as business/farm mailing address)

911 Premises Address: _____

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

(Contact information will not be sold or given out by ALPC or NAIS without your prior written consent)

COMPLETE PREMISES INFORMATION ON BACK PAGE

Premises Type: Producer Unit/Farm Clinic Exhibition Laboratory Market/collection point
(check all that apply) Quarantine Facility Rendering Slaughter plant

Species at Premises: Beef Cattle Dairy Cattle Bison Swine Sheep Goats Equine
(check all that apply) Poultry Deer and Elk Llama Emu

Additional Secondary Premises Information (optional):

Premises name/description: _____

911 Premises Address: _____

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

Premises Type: Producer Unit/Farm Clinic Exhibition Laboratory Market/collection point
(check all that apply) Quarantine Facility Rendering Slaughter plant

Species at Premises: Beef Cattle Dairy Cattle Bison Swine Sheep Goats Equine
(check all that apply) Poultry Deer and Elk Llama Emu

Producer/Contact Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

User Name: _____ (minimum of 8 characters)

Password: _____ (minimum of 8 characters)

Account #: _____ Premise ID #: _____

Return forms to: AR Livestock & Poultry Commission, #1 Natural Resources Drive, P. O. Box 8505, Little Rock, AR 72215
Website: www.alpc.arkansas.gov For questions, contact ALPC support: Phone: 501-907-2400 or e-mail: info@alpc.ar.gov
Fax: 501-907-2425

If you have more than two premises (animal locations), please request additional sheets