

MANITOBA PREMISES IDENTIFICATION APPLICATION

For Livestock and Poultry

* Required Information

I. Premises Information

A premises is a parcel of land, on which or on any part of which livestock or poultry are grown, kept, assembled or disposed of at any point during the year. When applying for multiple premises attach an additional form for each premises or contact your local Manitoba Agriculture, Food and Rural Initiatives GO Office for assistance.

Purpose of Application: New Applicant Update – Manitoba Premises Identification Number: _____

1* Land Description:

Legal Land Description:

NW NE Section _____ Township _____ Range _____ Meridian W E
 SW SE Subdivision description, if applicable _____
(select one)

OR Parish Lot Parcel: Lot Type _____ Lot Number _____ Parish Name _____

AND/OR

Geo-Referenced Coordinates (decimal degrees):

Latitude: + . Longitude: - .

Location referenced by coordinates (ex: driveway, barn door, etc.) _____

2 Name or Description of Premises: (ex: home quarter, summer pasture, etc.)

3* Premises Type: (select all that apply)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Farm, Stable | <input type="checkbox"/> Hatchery | <input type="checkbox"/> Rendering Plant | <input type="checkbox"/> Veterinary Hospital/Clinic/Lab |
| <input type="checkbox"/> Feedlot | <input type="checkbox"/> Abattoir | <input type="checkbox"/> Zoo, Petting Zoo | <input type="checkbox"/> Insemination Centre |
| <input type="checkbox"/> Pasture | <input type="checkbox"/> Assembly Yard | <input type="checkbox"/> Exhibition, Fair Ground, Racetrack, Competition Facility | <input type="checkbox"/> Livestock/Poultry Research Facility |
| <input type="checkbox"/> Community Pasture | <input type="checkbox"/> Auction, Livestock Sale Facility | | <input type="checkbox"/> Other (specify) _____ |

4* Species Type:

Select all species that may be present at any time during the year at this location. For each species indicate the maximum capacity (i.e. the maximum number of animals this premises is expected to accommodate). For the other birds and other categories list all applicable species and indicate the maximum capacity for each. Please see the guidelines for a list of the other species to be included.

- | | |
|--|--|
| <input type="checkbox"/> Dairy Cattle capacity: _____
Beef Cattle
<input type="checkbox"/> Cow-Calf capacity: _____
<input type="checkbox"/> Backgrounder capacity: _____
<input type="checkbox"/> Feedlot capacity: _____
<input type="checkbox"/> Bison capacity: _____
Pigs
<input type="checkbox"/> Weanlings capacity: _____
<input type="checkbox"/> Nursery capacity: _____
<input type="checkbox"/> Feeder capacity: _____
<input type="checkbox"/> Boars capacity: _____
<input type="checkbox"/> Sows/Gilts capacity: _____
Broiler Chickens
<input type="checkbox"/> Breeder Pullet capacity: _____
<input type="checkbox"/> Breeder Layer capacity: _____
<input type="checkbox"/> Broiler capacity: _____ | Laying Hens
<input type="checkbox"/> Breeder capacity: _____
<input type="checkbox"/> Pullet capacity: _____
<input type="checkbox"/> Layer capacity: _____
Turkeys
<input type="checkbox"/> Meat capacity: _____
<input type="checkbox"/> Breeder capacity: _____
<input type="checkbox"/> Other Birds capacity: _____
specify _____
<input type="checkbox"/> Sheep capacity: _____
<input type="checkbox"/> Goats capacity: _____
<input type="checkbox"/> Horses capacity: _____
<input type="checkbox"/> Farmed Bees capacity: _____
<input type="checkbox"/> Other capacity: _____
specify _____ |
|--|--|

5 Premises Number:

(Premises Location Allocator Identification Number assigned by Canadian Cattle Identification Agency)

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6 Civic/911 Number:

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(Number on sign at driveway – up to six digits)

II. Contact Information

1(a) Emergency Contact Information: *(individual responsible for day-to-day operations at premises)*

Name*: _____
(First) (Middle Initial) (Last)

Business/Farm Name: _____

Mailing Address*: _____

Town/City*: _____ Postal Code*: _____

Home Phone Number*: _____ Business Phone Number*: _____

Cell Phone Number: _____ Fax Number: _____

1(b)* Relationship of emergency contact to premises: *(select one)*

Owner Lessee Operator Renter Other (specify): _____

2 Land Owner Information: *(complete if different than the Emergency Contact)*

Name*: _____
(First) (Middle Initial) (Last)

Business/Farm Name: _____

Mailing Address*: _____

Town/City*: _____ Postal Code*: _____

Home Phone Number*: _____ Business Phone Number*: _____

Cell Phone Number: _____ Fax Number: _____

III. Notice of Collection of Personal Information

The personal information on this application form is being collected for the Premises Identification Program of Manitoba Agriculture, Food and Rural Initiatives and will be used for one or more of the following purposes:

- | | |
|---|--|
| (a) detecting, preventing, controlling, managing and eliminating disease; | (e) protecting animal health and human health; |
| (b) analyzing the geographical distribution of disease and the epidemiology of disease outbreaks; | (f) emergency planning; |
| (c) conducting assessments and models to prevent disease risk; | (g) eliminating disease barriers to market access; |
| (d) tracking the movement of animals from premises to premises; | (h) verifying the accuracy of information collected on the application form. |

to the following persons or entities:

- (a) a department, branch, office or agency of the Government of Manitoba;
- (b) the Government of Canada or a municipal, provincial or foreign government, or an agency of such a government, or a person or body whose duties and interests include
- (i) protecting the public health
 - (ii) monitoring or reporting on the safety of agricultural inputs, food, livestock or livestock products, or
 - (iii) monitoring or reporting on the biological, chemical and physical integrity of agricultural inputs, food, livestock or livestock products;
- (c) a producer board.

The collection of this information is authorized under s. 36(1)(b) of *The Freedom of Information and Protection of Privacy Act* as it is directly related to and necessary for the Program. Your personal information will be disclosed when necessary for the purposes in the Notice above, in accordance with the Animal Premises Regulation 104/2010, and for any other purposes only if there is legislative authority for doing so, or if you consent.

Your personal information is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection, use or disclosure of personal information, contact the Manager of Administration, Manitoba Agriculture, Food and Rural Initiatives (MAFRI) at 204-945-3439.

Deliver your completed application to your nearest Growing Opportunities (GO) Office or mail to:

Manitoba Agriculture, Food and Rural Initiatives, Manitoba Premises Identification
204-545 University Crescent, Winnipeg, MB R3T 5S6

For more information, contact your local MAFRI GO Office or call Manitoba Government Inquiry at 1-866-626-4862 to help locate your nearest GO Office or email traceability@gov.mb.ca.

