

Nova Scotia Premises Identification Program Application Form



This form may be used to apply for a Premises Identification (PID) number or to update information related to an existing Premises Identification number. Please remember to request separate PID numbers for separate parcels of land.

- To apply for a new PID, please complete all areas of the form.
- Each premises must have at least a landowner and primary emergency contact identified.
- For an update to an existing PID, please complete all information areas that have been modified and sign the consent to disclose information area at the end of the form.
- More information can be found at novascotia.ca/agri/premisesid

This is an application for a new PID number This is an update for an existing PID number

1. Contacts Landowner and Primary Emergency Contact Must Be Identified

Add any additional contacts on an additional sheet of paper or make an additional copy of this page.

Name	_____	_____	_____
	First Name	Middle Name	Last Name
Business/Farm Name	_____		
Mailing Address	_____		
	_____	_____	_____
	City/Town/Community	Province	Postal Code
Phone	_____	_____	_____
	Home Phone	Work Phone	Mobile Phone
Fax	_____	E-mail	_____
Relationship to premises <i>(select all that apply)</i>	<input type="checkbox"/> Landowner	<input type="checkbox"/> Secondary Emergency Contact	
	<input type="checkbox"/> Primary Emergency Contact	<input type="checkbox"/> Other-Specify _____	

Name	_____	_____	_____
	First Name	Middle Name	Last Name
Business/Farm Name	_____		
Mailing Address	_____		
	_____	_____	_____
	City/Town/Community	Province	Postal Code
Phone	_____	_____	_____
	Home Phone	Work Phone	Mobile Phone
Fax	_____	E-mail	_____
Relationship to premises <i>(select all that apply)</i>	<input type="checkbox"/> Landowner	<input type="checkbox"/> Secondary Emergency Contact	
	<input type="checkbox"/> Primary Emergency Contact	<input type="checkbox"/> Other-Specify _____	

Name	_____	_____	_____
	First Name	Middle Name	Last Name
Business/Farm Name	_____		
Mailing Address	_____		
	_____	_____	_____
	City/Town/Community	Province	Postal Code
Phone	_____	_____	_____
	Home Phone	Work Phone	Mobile Phone
Fax	_____		
E-mail	_____		
Relationship to premises <i>(select all that apply)</i>	<input type="checkbox"/> Landowner <input type="checkbox"/> Primary Emergency Contact <input type="checkbox"/> Secondary Emergency Contact <input type="checkbox"/> Other-Specify _____		

Name	_____	_____	_____
	First Name	Middle Name	Last Name
Business/Farm Name	_____		
Mailing Address	_____		
	_____	_____	_____
	City/Town/Community	Province	Postal Code
Phone	_____	_____	_____
	Home Phone	Work Phone	Mobile Phone
Fax	_____		
E-mail	_____		
Relationship to premises <i>(select all that apply)</i>	<input type="checkbox"/> Landowner <input type="checkbox"/> Primary Emergency Contact <input type="checkbox"/> Secondary Emergency Contact <input type="checkbox"/> Other-Specify _____		

2. Premises Location

Property Identification Number: <i>(can be found on your property tax bill)</i>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
Premises Identification (PID) Number: <i>Please complete this if a PID has already been assigned to this property and you are updating any information related to this existing PID.</i>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">N</td> <td style="width: 12.5%; text-align: center;">S</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>	N	S								
N	S										
Civic Address	_____										

	City/Town/Community										
	County										
Location	_____										
	Latitude <i>(if available)</i>										

	Longitude <i>(if available)</i>										
Location Referenced by Coordinates <i>(e.g. driveway, yard, barn, etc.)</i>											

Name or Description of Premises											

List any additional property identification numbers for locations used solely for pasturing animals											

3. Premises Types *(indicate all applicable)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Assembly Yard | <input type="checkbox"/> Federal Abattoir | <input type="checkbox"/> Provincial Abattoir |
| <input type="checkbox"/> Auction Market/Livestock Sales Facility | <input type="checkbox"/> Feedlot | <input type="checkbox"/> Racetrack |
| <input type="checkbox"/> Carcass/Deadstock Disposal Site | <input type="checkbox"/> Hatchery | <input type="checkbox"/> Rendering Facility |
| <input type="checkbox"/> Community Pasture | <input type="checkbox"/> Hobby Farm/Small Acreage | <input type="checkbox"/> Research Facility |
| <input type="checkbox"/> Competition Facility | <input type="checkbox"/> Insemination Unit | <input type="checkbox"/> Stable/Horse Boarding Facility |
| <input type="checkbox"/> Egg Grading Station | <input type="checkbox"/> Meat Processing/Storage | <input type="checkbox"/> Veterinary Clinic/Hospital/Lab |
| <input type="checkbox"/> Embryo Transfer Facility | <input type="checkbox"/> Pasture | <input type="checkbox"/> Other <i>(specify)</i> |
| <input type="checkbox"/> Exhibition/Fairground | <input type="checkbox"/> Petting Farm/Zoo | _____ |
| <input type="checkbox"/> Farm | <input type="checkbox"/> Poultry Sales Facility | _____ |

4. Species *(indicate all applicable)*

Maximum capacity is the estimate of the highest number of a given species that this premises could reasonably accommodate. Maximum capacity is not the number of animal currently on the premises.

If updating maximum capacity information or adding a species, please record the updated information and the most current maximum capacity below.

Species Type	Maximum Capacity	Species Type	Maximum Capacity	Species Type	Maximum Capacity
<input type="checkbox"/> Bees (hives)	_____	<input type="checkbox"/> Goats	_____	<input type="checkbox"/> Rabbits	_____
<input type="checkbox"/> Bison	_____	<input type="checkbox"/> Horses, donkeys, mules	_____	<input type="checkbox"/> Sheep	_____
<input type="checkbox"/> Broiler: Breeders	_____	<input type="checkbox"/> Layers: Breeders	_____	<input type="checkbox"/> Swine	_____
<input type="checkbox"/> Broiler: Chickens	_____	<input type="checkbox"/> Layers: Chickens	_____	<input type="checkbox"/> Turkeys: Breeder	_____
<input type="checkbox"/> Cattle: Beef	_____	<input type="checkbox"/> Layers: Pullets	_____	<input type="checkbox"/> Turkeys: Meat	_____
<input type="checkbox"/> Cattle: Dairy	_____	<input type="checkbox"/> Llamas, Alpacas, Vicuna	_____	<input type="checkbox"/> Wild Boar	_____
<input type="checkbox"/> Cervids (Deer)	_____	<input type="checkbox"/> Mink	_____		
<input type="checkbox"/> Fox	_____	<input type="checkbox"/> Purebred/Fancier Flock	_____		

Other Species	Type	Maximum Capacity
<input type="checkbox"/> Birds - <i>Specify</i>	_____	_____
<input type="checkbox"/> Wildlife - <i>Specify</i>	_____	_____
<input type="checkbox"/> Other - <i>Specify</i>	_____	_____

5. Consent to Disclose Personal Information

Your written consent authorizes the Nova Scotia Department of Agriculture to disclose your personal information to a designated individual or agency in accordance with the Nova Scotia Freedom of Information and Protection of Privacy Act.

Use and/or Disclosure

The personal information is being collected under the authority of the Department of Agriculture and may be used by the Department of Agriculture, or disclosed to a designated individual or agency, for the purpose of preventing, preparing for, responding to or recovering from federally and provincially-reportable animal diseases, diseases of significance to animal or public health, natural disaster emergencies and other disasters; or to verify the accuracy of information held in the Nova Scotia Premises Identification Program.

Consent

I understand that the Nova Scotia Department of Agriculture may disclose information, including personal information*, contained in my Premises Identification Program Application Form to the Canadian Food Inspection Agency, the Chief Veterinary Officer of Canada, Provincial Chief Veterinary Officers across Canada, and other Departments, Agencies and Commissions of the Government of Nova Scotia.

I further understand that my Premise ID number may be shared between the Department of Agriculture and producer organizations within the Province as necessary for consistent operation of the Program.

Name (please print)

Signature

Date (yyyy-mm-dd)

Telephone Number

E-mail address

* I will provide the necessary updates within 30 days of any change to ensure that the information related to the premises in this Application Form is complete and correct.

Return completed forms to: **Nova Scotia Department of Agriculture**
Agriculture and Food Operations – Agriculture Protection
Attn: Premises Identification Program
P.O. Box 890, Harlow Institute, Truro, NS, B2N 5G6

Questions?

Call: 902-890-3377
Fax: (902) 893-0244
Email: NSPID@novascotia.ca