

State of California

Location Number Request

The United States Department of Agriculture (USDA) and State agencies, in cooperation with producers, are developing an Animal Disease Traceability framework that will enhance existing animal health programs by enabling better tracing of the movements of any diseased or exposed animal.

Location information is needed by animal health officials to quickly and effectively respond to disease incidents. The California Department of Food and Agriculture (CDFA) is facilitating the process to obtain a Location Number for places involved in livestock production or commerce in California. Participation in the program is voluntary.

Steps to Request a Location Number (Application on Page 2)

- 1.** Provide the physical address (PO Boxes are not allowed) for the location where an animal agriculture activity (i.e., beef ranch, saleyard, poultry ranch, etc.) takes place. This is the location where the animals are housed. If appropriate, you can obtain separate numbers for each location where livestock production or commerce occurs.
- 2.** Provide contact information for each location (name, phone number, etc.). This should be the person that animal health officials will contact in the event of a disease incident.
- 3.** Check the box for the location primary activity (i.e., Farm or Ranch, Saleyard, Exhibition, etc.). List any additional operations at the site (i.e., poultry farm with an egg processing operation, etc.).
- 4.** For farms or ranches, check the appropriate box for the primary type of animals at this site (i.e., cattle, pigs, sheep, etc.). List all other types of livestock and poultry at the location.

Each additional location or an update to a location with an existing Location Number requires a separate application (Page 2) to be submitted.

You can mail, fax, or email the completed form to CDFA. For more information, call **(866) 325-5681**.

Return completed application to:

**California Department of Food and Agriculture
Animal Health Branch
Animal Disease Traceability Program
1220 N Street
Sacramento, CA 95814
Email: PAIS@cdfa.ca.gov Fax: (916) 900-5333**

| FOR OFFICIAL USE ONLY | |
|-------------------------------------|-------------------------------|
| User Name | Password |
| Date Exception Requested (mm/dd/yy) | Date Number Issued (mm/dd/yy) |
| Account Number - CDFA | Location Number |

Location Number Request

*** Indicates Required Information**

Step 1. Location Information (provide physical location where animals are located)

| | | | |
|--|---------|---|-----------------|
| * Property Name (Example: Joe's Dairy, Mike's Saleyard, Sunset Veterinary Clinic) | | | |
| * Street Address | | | |
| * City | * State | * Zip Code | - |
| Legal Land Description <i>(if street address is not available)</i> | | Township: | Range: Section: |
| Coordinates at Entrance <i>(if street address is not available)</i> (use this format) | | Lat. 25.0000 | Longitude |
| Long. -117.0000 | | | |
| * Property Ownership | | * Property Affiliation | |
| <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Private | | <input type="checkbox"/> Owner <input type="checkbox"/> Leasee <input type="checkbox"/> Renter <input type="checkbox"/> Other | |

If you are not the owner of the property, please provide ownership information

| | | | |
|-------------------------------|--------------|------------|---|
| * Owner's Name (First & Last) | | | |
| * Street Address | | | |
| * City | * State | * Zip Code | - |
| * Phone () - | Fax () - | | |
| Owner's E-mail | | | |

I certify that I am the owner or an agent of the owner of the property that will be issued a number.

| | | |
|--|---|--------------------------------|
| Signature of Person Submitting Application | Title (Owner, Legal Representative, etc.) | Date of Application (mm/dd/yy) |
| | | / / |

Step 2. Property Contact Person Information

| | | | |
|---------------------------------|--------------|------------|---|
| * Contact's Name (First & Last) | | | |
| * Street Address | | | |
| * City | * State | * Zip Code | - |
| * Phone () - | Fax () - | | |
| Contact's E-mail | | | |

Step 3. Primary Type of Operation at this Location (select only one)

| | | | | | | |
|---|--|-------------------------------------|--|---|--|--|
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Exhibition | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Market/Collection Point | <input type="checkbox"/> Non-Producer Participant | <input type="checkbox"/> Port of Entry | <input type="checkbox"/> Boarding Facility |
| <input type="checkbox"/> Production Unit (Farm, Ranch) | <input type="checkbox"/> Quarantine Facility | <input type="checkbox"/> Rendering | <input type="checkbox"/> Slaughter Plant | <input type="checkbox"/> Tagging Site | <input type="checkbox"/> Other | |
| List Other/Secondary Livestock/Poultry Operations at this Location: | | | | | | |

Step 4. Type of Animals at this Location (select all that apply)

| | | | | | | | |
|---|--|--------------------------------------|---------------------------------------|--|---|---|---------------------------------|
| <input type="checkbox"/> Alpacas/Llamas | <input type="checkbox"/> Bison | <input type="checkbox"/> Cattle-Beef | <input type="checkbox"/> Cattle-Dairy | <input type="checkbox"/> Cattle-Calf Ranch | <input type="checkbox"/> Cattle-Feedlot | <input type="checkbox"/> Cattle-Heifer Raiser | |
| <input type="checkbox"/> Chickens-Broilers | <input type="checkbox"/> Chickens-Layers | <input type="checkbox"/> Deer/Elk | <input type="checkbox"/> Ducks/Geese | <input type="checkbox"/> Emus/Ostrich | <input type="checkbox"/> Game Fowl | <input type="checkbox"/> Goats | <input type="checkbox"/> Horses |
| <input type="checkbox"/> Pheasants/Pigeons/Quails | <input type="checkbox"/> Sheep | <input type="checkbox"/> Swine | <input type="checkbox"/> Turkeys | <input type="checkbox"/> Other | | | |