Nova Scotia Farm Premises Identification Program Application Form



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

Personal information on this form is collected by the Department of Agriculture under the authority of the *Freedom of Information and Protection of Privacy Act* (FOIPOP).

The	Department of Agriculture is requesting y	ou to	o provide the following personal information:	
•	Name	•	Phone Number	
•	Mailing Address	•	Relationship to premises	

This information will be used to contact individuals at identified livestock and poultry locations for the purpose of responding to emergencies. If you provide consent for us to use your personal information, we may disclose your information to any of the following: Canadian Food Inspection Agency, the Chief Veterinary Officer of Canada, Canadian Provincial Chief Veterinary Officers, other departments of the Government of Nova Scotia and foreign governments. The Department of Agriculture will only use or disclose your personal information for another purpose if:

we are required to do so by law, or
 if we obtain your consent.

For questions about how your personal information is handled in relation to this program, you may contact us at <a href="https://www.nspld.com/nsp

- To apply for a new Farm 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 Farm 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 Farm PID number

This is an update for an existing Farm 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			
Relationship to premises	Secondary Emergency Contact		
(select all that apply)	ncy Contact		
Nama			
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 Landowner	ergency Contact		
(select all that apply)	•		





Name	st Name	- RELIE M				
Fir Business/Farm Name		Middle Na		Last Name		
Mailing Address						
Mailing Address						
Cit	y/Town/Community	Province	e	Postal Code		
Phone Hor	ne Phone	Work Pho		Mobile Phone		
Relationship to premises		_				
(select all that apply) Primary Emergence						
Name	rst Name	Middle Na		Last Name		
Business/Farm Name	St Name	Wilduic Na				
Mailing Address						
Mailing Address ————						
	y/Town/Community	Province	e	Postal Code		
Phone ————————————	me Phone	Work Pho		Mobile Phone		
			-			
Relationship to premises			Secondary Emer			
(select all that apply)						
remises Location	remises Location					
Property Identification Number or Assessment Number: (can be found on your property tax bill)						
Premises Identification (Pl						
Please complete this if a PID has already been assigned to this property and you are updating any information related to this existing PID. Civic Address						
					Olvio Addiess —	
	City/Town/Commu	ınity	County			
Location	Latitude (if available)		Longitude (if available)			
Location Referenced by Co	ed by Coordinates (e.g. driveway, yard, barn, etc.)			-		
Name or Description of Pro	or Description of Premises (Farm name if applicable)					

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3.	Premises Types (indicate all	applicable)				
	 □ Abattoir - Federal □ Abattoir - Provincial □ Assembly Yard □ Auction Market/Livestock Sale □ Carcass/Deadstock Disposal Si □ Community Pasture □ Competition Facility □ Embryo Transfer Facility 	s Facility	Farm Feedlot	arm/Zoo	 □ Rendering Facility □ Research Facility □ Stable/Horse Boardi □ Veterinary Clinic/Hos □ Other (specify) 	
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.						on and
	Species Type		Maximum Capacity	Species Type		Maximum Capacity
	☐ Bison			☐ Laying Chicke	ns	
	☐ Broiler Chickens			☐ Llamas, Alpac	as, Vicuna	
	☐ Cattle: Beef			☐ Pigs	_	
	☐ Cattle: Dairy			☐ Purebred/Fand	cier Flock	
	☐ Cervids (Deer, Elk)			☐ Sheep	_	
	☐ Farmed Rabbits			☐ Turkeys	_	
	☐ Goats			☐ Wild Boar	_	
	☐ Horses (ponies), donkeys, mul	es				
	Other Species	Туре				Maximum Capacity
	☐ Birds - Specify					
	☐ Wildlife (farmed, zoo)- Specify					
	white (rainled, 200)- Specify					_
	☐ Other - Specify					

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5. Consent to Disclose Personal Information

Province of Nova Scotia Free	edom of Information and Protection of Privacy A	Act, S.N.S. 1993, c. 5, Clause 26(b)
l	do hereby give con	sent to the Nova Scotia Department
Program Application Form an Veterinary Officer of Canada, governments, as necessary, t preparing for, responding to significance to animal or pub	ormation, including my personal information cord any updated information thereof* to the Canadi Canadian Provincial Chief Veterinary Officers, Go be used for the purposes related to the livestor recovering from federally and provincially-repolic health, natural disaster emergencies and oth tion held in the Nova Scotia Premises Identification	ntained in my Premises Identification an Food Inspection Agency, the Chief vernment of Nova Scotia and foreign ock traceability, including, preventing, ortable animal diseases, diseases of er disasters involving livestock; or to
	updates within 30 days of any change to ensur orm and attached schedules is complete and corre	
		Data (consequently)
Print full name of consenting individ	dual Signatue of consenting individual	Date (yyyy-mm-dd)
Provide the following contac	t information if not provided elsewhere on this f	orm.
Mailing Address of Consentir	ng Individual	
Street/Apartment No./R.R. No.	Community/county	Postal code
Telephone Number of consenting in	dividual (Residence and Business) E-mail address	of consenting individual
Return completed forms to:	Nova Scotia Department of Agriculture	
Animal and Crop Services Attn: Premises Identification Program 74 Research Drive Bible Hill, NS B6L 2R2 Call: 902-956-2707 Fax: (902) 893-2757		

Email: NSPID@novascotia.ca

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