

## 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 Number (On Page 2 - Back Page)

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 (cattle, pigs, sheep, etc.). List all other types of livestock and poultry at the location.

Use a new Page 2 for each additional location or use it to update information applicable to any section of the form.

You can mail or fax the completed form to CDFA or enter the information on the CDFA Web site ([www.californiaid.org](http://www.californiaid.org)). For more information call **(866) 325-5681**.

**California Department of Food and Agriculture**

**Animal Health Branch**

**Animal Disease Traceability Program**

**1220 N Street**

**Sacramento, CA 95814**

**Or fax to: (916) 900-5333**

Return completed application to:

FOR OFFICIAL USE ONLY	
User Name	Password
Date Exception Requested <span style="float: right;"><i>(mm/dd/yy)</i></span>	Date Number Issued <span style="float: right;"><i>(mm/dd/yy)</i></span>
Account Number - CDFA	Location Number

**\* 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
		C A	-
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	Latitude	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"/> Privat		<input type="checkbox"/> Owner <input type="checkbox"/> Lessee <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 Making 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	
( ) -		( ) -	
Owner'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 Facili <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 _____
<b>List Other/Secondary Livestock/Poultry Operations at this Location:</b> _____

**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-Feed Lot <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 _____
<b>List Other/Secondary Livestock/Poultry Operations at this Location:</b> _____