

**European Communities Regulation No. 183/2005 of the
European Parliament and of the Council of 12 January 2005
laying down requirements for Feed Hygiene
(SI 432 of 2009)**

Registration/Approval Application Form for Primary Producers (Farmers)

Please complete this form with due care and return to:

Crop Policy, Production & Safety Division
(Animal Feedingstuffs Section)
Department of Agriculture, Fisheries & Food
Administration Building
Backweston Campus
Celbridge, Co Kildare.

Section A

Complete this Section if the farm is not a registered company (i.e. you are an Individual or Sole Trader)

Title (Ms. Mr. Dr.)		Forename(s)		
Surname				
PPS no.				
Date of birth	Day □ □	Month □ □	Year □ □ □ □	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Farm Address	Please note: If you have a number of different farms, ALL farms must be Registered/Approved with the Department and a separate application is required for each.			
Postal Address	If different to Farm Address			
Contact Person	All future correspondence will be sent to this person			
Telephone	Landline: _____ Fax: _____ Mobile: _____			
E mail Address				
ID Numbers applicable to the Farm mentioned in this Application ONLY	Bovine Herd No(s). _____ Pig Herd No(s). _____ Poultry No(s). _____ Other (please specify) _____			
Any Other Department ID number(s) you hold (i.e. numbers for other farms)	Bovine Herd No(s). _____ Pig Herd No(s). _____ Poultry No(s). _____ Other (please specify) _____			

Section B

Complete this Section if the farm is a Registered Company

Company Name	
Farm Address	Please note: If you have a number of different farms, ALL farms must be Registered/Approved with the Department and a separate application is required for each.
Postal Address	If different to Farm Address
VAT No.	IE _____
CRO no.	<i>CRO = Company Registration Office Number</i>
Contact Name	All future correspondence will be sent to this person
Telephone	Landline: _____ Fax: _____ Mobile: _____
E mail Address	
ID Numbers applicable to the Farm mentioned in this Application ONLY	Bovine Herd No(s). _____ Pig Herd No(s). _____ Poultry No(s). _____ Other (please specify) _____
Any Other Department ID number(s) you hold (i.e. <u>numbers for other farms</u>)	Bovine Herd No(s). _____ Pig Herd No(s). _____ Poultry No(s). _____ Other (please specify) _____

Section C

All applicants must complete this Section

I hereby wish to apply for Approval/Registration under the Feed Hygiene Legislation for the following activities (**tick appropriate boxes in the relevant tables**):

Type of Livestock Production	Please tick	Type of Livestock Production	Please tick	Type of Crop Production	Please tick
Poultry	<input type="checkbox"/>	Goats	<input type="checkbox"/>	Forage	<input type="checkbox"/>
Dairy	<input type="checkbox"/>	Pigs	<input type="checkbox"/>	Cereal	<input type="checkbox"/>
Beef	<input type="checkbox"/>	Horses	<input type="checkbox"/>	Horticulture	<input type="checkbox"/>
Sheep	<input type="checkbox"/>	Fish	<input type="checkbox"/>	Other (specify)	
Deer	<input type="checkbox"/>	Other (specify)			

Are you home mixing, i.e. manufacturing compound feed on-farm for your own use?

Yes No (if yes, please complete Section D)

Section D

This section must be completed by applicants involved in home mixing.

<u>Please note:</u>	
ADDITIVES	
Additives are usually incorporated into a compound feed through a premixture or a mineral mixture. They are occasionally incorporated directly, e.g., feed grade urea. The labelling of the product you are including in the compound feed should state whether it is a mineral mixture (complementary feed) or a Premixture .	
Contact your supplier if you are unsure of any of the terms used to describe the product type.	
	Please Tick
Are you including additives in the form of a mineral mixture into your home mix?	<input type="checkbox"/>
Are you including an additive directly (e.g. vitamins / minerals / zotechnical additives) or via a pre-mixture in your home mix?	<input type="checkbox"/>
Are you including a <u>medication</u> in your home mix either directly or via a premixture?	<input type="checkbox"/>
Are you adding a medicine or a medicated premix to a purchased compound feed?	<input type="checkbox"/>

Indicate the species for which you manufacture compound feed on this farm

Species	(please tick)	Home mixing approx number tonnes/annum
Bovine (cows, cattle)	<input type="checkbox"/>	
Sheep	<input type="checkbox"/>	
Pigs	<input type="checkbox"/>	
Poultry	<input type="checkbox"/>	
Fish	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	

Type of home mixing system	Please tick
Fixed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mobile (a) Own mixing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mobile (b) Is a mixing service provided to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mobile (c) Do you provide a mixing service to other farmers?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Declaration

(The processing of your application will be delayed if the Declaration is not signed)

I hereby declare that all the details contained in this application are true, accurate and complete to the best of my knowledge.

Name: (Print) _____

Signed: _____ Date: _____

This application is in respect of Feedingstuffs Legislation. You are reminded that you must also comply with other relevant national and EU legislation e.g. planning permission, road haulage, environment, etc.

NOTE it is an Offence to engage in activities without prior approval/registration by this Department
