

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)

Approval/Registration Application Form for Feed Business Operators
***A separate Registration/Approval Application Form must be completed
by 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 business 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"/>
	□□	□□	□□□□	
<u>Premises</u> Address	Please note : if you are undertaking Feed Business activities at different premises <u>EACH</u> premises must be Registered/Approved with the Department and a separate application is required for each premises			
<u>Postal</u> Address	If different to Premises Address			
Telephone	Landline: _____			
	Fax: _____			
	Mobile: _____			
Contact Person	All future correspondence will be sent to this person			
E mail Address				
Please indicate any Department ID number/s you already hold	Bovine Herd No(s). _____			
	Pig Herd No(s). _____			
	Poultry No(s). _____			
	Other (please specify) _____			

Section B

Complete this Section if the business is a Registered Company

Company Name	
<u>Premises</u> Address	Please note : if your Company undertakes Feed Business activities at different premises <u>EACH</u> premises must be Registered/Approved with the Department and a separate application is required for each premises
<u>Postal</u> Address	If different to Premises Address
Contact Person	All future correspondence will be sent to this person
VAT No.	IE _____
CRO no.	<i>CRO = Company Registration Office Number</i>
Telephone	Landline: _____ Fax: _____ Mobile: _____
E mail Address	
Please indicate any Department ID number/s You already hold	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):

Table 1

Manufacturer of	Food producing animals (tick all relevant activities)	Non-food producing animals – e.g. pets (tick all relevant activities)
Compound Feed	<input type="checkbox"/>	<input type="checkbox"/>
Compound Feed containing Surplus Food*	<input type="checkbox"/>	<input type="checkbox"/>
Feed Materials	<input type="checkbox"/>	<input type="checkbox"/>
Feed Materials from Surplus Food*	<input type="checkbox"/>	<input type="checkbox"/>
Mineral Mixtures	<input type="checkbox"/>	<input type="checkbox"/>
Premixtures	<input type="checkbox"/>	<input type="checkbox"/>
Additives	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Supplements	<input type="checkbox"/>	<input type="checkbox"/>
Bioproteins	<input type="checkbox"/>	<input type="checkbox"/>
By-Products	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
* <u>List Foods included in the Feed Materials from Surplus Food</u>		

Table 2

Supplier of	(tick relevant activities)	Please specify type of material (e.g. surplus bread, whey, milk powder, rapeseed cake, distillers brewers grains etc)
By-Products/Co-Products By-Products/Co-Products are produced during the manufacturing process of another product.	<input type="checkbox"/>	
Surplus Food Food that does not meet customer specification (e.g. shape, size, expiry date etc.)	<input type="checkbox"/>	

Table 3

Importer of	Food producing animals (tick all relevant activities)	Non-food producing animals – e.g. pets (tick all relevant activities)
Compound Feed	<input type="checkbox"/>	<input type="checkbox"/>
Compound Feed containing Surplus Food**	<input type="checkbox"/>	<input type="checkbox"/>
Feed Materials	<input type="checkbox"/>	<input type="checkbox"/>
Feed Materials from Surplus Food**	<input type="checkbox"/>	<input type="checkbox"/>
Mineral Mixtures	<input type="checkbox"/>	<input type="checkbox"/>
Premixtures	<input type="checkbox"/>	<input type="checkbox"/>
Additives	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Supplements	<input type="checkbox"/>	<input type="checkbox"/>

Bio-Proteins	<input type="checkbox"/>	<input type="checkbox"/>
By-Products	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
** Please state type of Surplus Food being imported:		

Table 4

Wholesaler of	Food producing animals (tick all relevant activities)	Non-food producing animals – e.g. pets (tick all relevant activities)
Compound Feed	<input type="checkbox"/>	<input type="checkbox"/>
Feed Materials	<input type="checkbox"/>	<input type="checkbox"/>
Mineral Mixtures	<input type="checkbox"/>	<input type="checkbox"/>
Premixtures	<input type="checkbox"/>	<input type="checkbox"/>
Additives	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Supplements	<input type="checkbox"/>	<input type="checkbox"/>
Bioproteins	<input type="checkbox"/>	<input type="checkbox"/>
By-Products	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

Table 5

Retailer of	(tick all relevant activities)
Compound Feed	<input type="checkbox"/>
Feed Materials	<input type="checkbox"/>
Mineral Mixtures	<input type="checkbox"/>
Premixtures	<input type="checkbox"/>
Additives	<input type="checkbox"/>
Nutritional Supplements	<input type="checkbox"/>
Bioproteins	<input type="checkbox"/>
By-Products	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>

Table 6

Storekeeper of	(tick relevant activities)	<i>This is a premises where “imported” feed products are stored e.g. distillers wheat, maize or any mineral ingredients</i>
Feed Materials	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	

Table 7

Grain Intake	<i>This is a premises where "Native Grain" is stored and/or dried for commercial purposes</i>	
Store Only	(tick relevant activities) <input type="checkbox"/>	
Store and Drying	<input type="checkbox"/>	
Mobile Drying Service*	<input type="checkbox"/>	<i>This is an operator who provides a grain drying service on a commercial basis</i>
Grain Assembly Point	<input type="checkbox"/>	<i>This is a location where native grain can be assembled temporarily for onward delivery to a drying/storage location</i>
*Please indicate Fuel Types you use in drying process including Grade(s)		
1. Gas (BS 4250)		<input type="checkbox"/>
2. Marked Diesel (IS 251)		<input type="checkbox"/>
3. Marked Diesel (EN 590)		<input type="checkbox"/>
4. Gas Oil (IS 251)		<input type="checkbox"/>
5. Gas Oil (BS 2869, Class A2)		<input type="checkbox"/>
6. Gas Oil (BS 2869, Class D)		<input type="checkbox"/>
7. Kerosene (BS 2869 Class C1)		<input type="checkbox"/>
8. Kerosene (BS 2869 Class C2)		<input type="checkbox"/>
9. Other, please specify		<input type="checkbox"/>

Table 8

Haulier of Feed	
Type of Feed Transported	Bulk <input type="checkbox"/> Packaged <input type="checkbox"/>
Haulage Licence Number	

Table 9

Renderer of	(tick relevant activity)
Animal by-products	<input type="checkbox"/>
Supplier of Tallow for animal feed	<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
