



George Teagarden, Livestock Commissioner
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 Topeka, KS 66603-3714
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www.kansas.gov/kaahd

* Necessary fields

Mail or fax to above address

Premises or Business/Farm/Ranch Account Information *			
This is the contact information for your livestock business entity. This may be different than the location where the animals are kept.			
Business/Farm Mailing Address *			
City *	State *	Zip Code *	County *
Business Telephone *		Business Email	
Primary Contact: First Name *	Middle Name	Last Name *	
Telephone number *	Cell Phone number	Email Address	
Secondary Contact: First Name	Middle Name	Last Name	
Telephone Number	Cell Phone	Fax Number	
Business Account Login Information: *			
User Name:		(8 to 12 letters and/or numbers)	
Password:		(8 to 12 letters and/or numbers)	
Business Type: *	<input type="checkbox"/> Individual	<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Non-Profit Organization
(Check all that apply)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Incorporated
Operation Type: *	<input type="checkbox"/> Producer Unit/Farm/Ranch	<input type="checkbox"/> Clinic	<input type="checkbox"/> Exhibition
(check all that apply)	<input type="checkbox"/> Market/Collection Point	<input type="checkbox"/> Port of Entry	<input type="checkbox"/> Tagging Site
	<input type="checkbox"/> Non-producer Participant	<input type="checkbox"/> Rendering	<input type="checkbox"/> Laboratory
Species at Premises *	<input type="checkbox"/> Cattle	<input type="checkbox"/> Bison	<input type="checkbox"/> Sheep
(check all that apply)	<input type="checkbox"/> Swine	<input type="checkbox"/> Horses	<input type="checkbox"/> Camelid
		<input type="checkbox"/> Goats	<input type="checkbox"/> Emu
		<input type="checkbox"/> Deer & Elk	<input type="checkbox"/> Poultry
		<input type="checkbox"/> Other _____	
Premises Information (if different than account information):			
Premises Name/Description: (Primary location where animals are housed. i.e. farm/ranch/headquarters, feedlot)			
Premises Address:			
City	State	Zip Code	County
Legal Land Description: Township	Range	Section	
Secondary Premises Information: optional			
Premises Name/Description: (Primary location where animals are housed. i.e. farm/ranch/headquarters, feedlot)			
Premises Address:			
City	State	Zip Code	County
Legal Land Description: Township	Range	Section	
Producers/ Contact Signature: *			Date

For Official Use Only

Account Number:	Premises Number:
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