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OMB Approved  
0579-0189  
EXP.: XX/XXXX

**UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES**

**APPLICATION FOR ENROLLMENT IN THE FEDERAL CHRONIC WASTING DISEASE  
VOLUNTARY HERD CERTIFICATION PROGRAM FOR FARMED AND CAPTIVE  
CERVIDS CONTINUATION SHEET**

**Owner Information**

1. Owner's Name:

2. Mailing Address:

3. City:

4. County:

5. State:

6. ZIP Code:

7. Business Phone Number:

8. Cell Phone Number:

9. Business Fax Number:

10. Email Address:

11. Owner's Name:

12. Mailing Address:

13. City:

14. County:

15. State:

16. ZIP Code:

17. Business Phone Number:

18. Cell Phone Number:

19. Business Fax Number:

20. Email Address:

21. Owner's Name:

22. Mailing Address:

23. City:

24. County:

25. State:

26. ZIP Code:

27. Business Phone Number:

28. Cell Phone Number:

29. Business Fax Number:

30. Email Address:

**Facility Information**

31. Facility Name:

32. \* Premises Identification Number (PIN):

33. Address:

34. City:

35. County:

36. State:

37. ZIP Code:

38. Business Phone Number:

39. Cell Phone Number:

40. Business Fax Number:

41. Business Email Address:

42. Facility Name:

43. \* Premises Identification Number (PIN):

44. Address:

45. City:

46. County:

47. State:

48. ZIP Code:

49. Business Phone Number:

50. Cell Phone Number:

51. Business Fax Number:

52. Business Email Address:

53. Facility Name:

54. \* Premises Identification Number (PIN):

55. Address:

56. City:

57. County:

58. State:

59. ZIP Code:

60. Business Phone Number:

61. Cell Phone Number:

62. Business Fax Number:

63. Business Email Address: