According to the Paperwork Reduction Act of displays a valid OMB control number. The val estimated to average 1 hour per response, inc completing and reviewing the collection of info	id OMB control number for th luding the time for reviewing	is information collection is	s 0579-0189. The time required to	complete this informat	tion collection is	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				
1. Owner's Name:		A. Owner	Information			
2. Mailing Address:						
3. City:	4. County:		5. State:		6. ZIP Code:	
7. Business Phone Number:	8. Ce	ell Phone Number:		9. Business Fax	K Number:	
10. Email Address:						
		B. Facility	Information			
11. Facility Name:						
12. * Premises Identification Number	(PIN):					
13. Address:						
14. City:	15. County:		16. State:		17. ZIP Code:	
18. Business Phone Number:	Business Phone Number: 19. Cell Phone Num		20. Business F		ax Number:	
21. Business Email Address:	1			I		
Mailing address, if different from above	/e:					
22. Street or P. O. Box:						
23. City:	24. County:		25. State:		26. ZIP Code:	
27. County:	L.					
28. Manager's Name ( <i>if applicable</i> ):						
29. Manager's Cell Phone Number:						
		C. E	Breed			
30. Number of Elk:			31. Number of Red Deer:			
32. Number of Moose:		33. Number of White-Tailed Deer:				
34. Number of Mule Deer:			35. Number of Black-Tailed Deer:			
36. Number of Other Species (list all	types):					
I have received a copy of the Nationa program as described therein. I understand that it is my responsibili I also understand that my herd enroll This may also affect my herd's certific	y to meet the requireme ment may be <b>suspende</b>	ents of the program a	and all other applicable State	e and/or Federal la	aws that pertain to	my facility.
37. Signature of Owner or Authorized		38. Date:				
39. Signature of Authorized APHIS Representative:					40. Date:	
Your herd "Enrollment Date" for p Enrollment in the National Chronic completed initial whole herd inven inventoried within the previous 12	Wasting Disease Volution tory, and documentation months.	untary Herd Certific ion showing that all	ation Program for Farmed I animals in the herd, 12 m	l and Captive Cen onths of age and	rvids (VS Form 1 I older, were ins	1-1), the pected and
* A unique number assigned by a Sta geographically distinct location from of For further assistance, contact your \$	te or Federal animal he other livestock production	on units.	emises that is, in the judgme	ent of the State or	Federal animal h	ealth authority, a
Mail all documents to your State Area For animal co-owners or herds that a	a APHIS office.		ase complete a VS Form 11	-14		
VS Form 11-1 AUG 2012		nampie racinues, pie	use complete a vo ruill 11	in.		