



US Swine Health Improvement Plan

Piloting a proven platform for safeguarding, certifying, and bettering animal health

Single Premises US SHIP Enrollment Form

State of Participation (location of participating premises): _____

Participants are to enroll with each US SHIP OSA in which they have participating facilities located.

Swine Owner Information (US SHIP Participant)

Name (*Business Entity*): _____

Address: _____

Address

City

State

Zip

Phone Number: _____ Email: _____

Premises (Site) Information

Premises Identification Number (PIN): _____

Common Name of Site (*if different than Swine Owner Name*): _____

911 Address of Site: _____

Address

City

State

Zip

GPS Coordinates (*if 911 address not assigned*) Latitude: _____ Longitude: _____

Site Type:

- Boar Stud - *Production site with mature boars that distribute semen to other production sites.*
- Breeding Herd - *Production site with breeding females and house $\geq 1,000$ breeding swine (e.g., breed-to-wean, breeding/gestation or farrowing only, with or without on-site gilt isolation/grow-out).*
- Growing Pigs - *Production site with $\geq 1,000$ feeder swine (nursery, grower, or finisher).*
- Farrow to Feeder/Finish - *Production site with breeding females and grow feeder swine for purposes other than breeding stock replacement for this particular farm site, and house $\geq 1,000$ breeder or feeder swine.*
- Small Holding - *Production sites with ≥ 100 and $< 1,000$ total breeder or feeder swine.*
- Non-Commercial - *Production sites with < 100 pigs (e.g., exhibition, niche, hobby)*
- Packing Plant - *A facility that slaughters pigs.*
- Live Animal Marketing Operation - *A dealer with a livestock yard/buying station (facility) that markets > 100 swine/week for resale of such swine to slaughter facilities.*

Site Capacity: _____

Premises (Site) Owner Information

Same as Swine Owner Contact (US SHIP Participant)

If different, please complete below:

Name: _____

Address: _____

Address

City

State

Zip

Phone Number: _____ Email: _____



US Swine Health Improvement Plan

Piloting a proven platform for safeguarding, certifying, and bettering animal health

Acknowledgment of Participant Understanding & Compliance

Name and Contact Information for the Individual Submitting Acknowledgment

Same as Swine Owner Contact (US SHIP Participant) on Page 1

If different, please complete below:

Name: _____

Relationship to Swine Owner (US SHIP Participant): _____

Phone Number: _____ Email: _____

- I can attest to this US SHIP program participant's understanding of the relevant program standards and good-faith efforts to be compliant with the requirements of the US SHIP certification(s) held.
- I acknowledge that the US SHIP program standards are expected to evolve over time. It is the responsibility of the program participants to meet or exceed the requirements for the US SHIP certifications they elect to maintain.
- As a US SHIP participant, I grant permission for the US SHIP OSA to share the PIN(s) and Status of US SHIP Health Certifications for the premises of which I have enrolled to the US SHIP Site Status Verification Database.

Date: _____

Paperwork Reduction Act Disclosure

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-XXXX. The time required to complete this information collection is estimated to average 15 to 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden statement or any other aspect of this information collection, including suggestions for reducing this burden, to APHIS.PRA@usda.gov.