Clear Form

OMB Approved
0579-0327
EXP: XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

PROGRAM SITE TAG INFORMATION SHEET

1. STATE

2. DATE

3. LOCATION ADDRESS (*Include ZIP Code*)

4. REQUESTOR

5. TELEPHONE NUMBER

6. TYPE OF TAG (*check the appropriate box*)

- ☐ Backtag Cattle
- ☐ Backtag Swine
- ☐ I/D Tag Cattle
- ☐ I/D Tag Swine
- ☐ Vaccination Tag
- ☐ Reactor Tag BR
- ☐ Reactor Tag TB
- ☐ Bangle Tag
- ☐ Other (*specify*) _____

7. SINGLE/DUPLICATE TAG

8. ASSIGNED LETTER CODE

9. ROLLOVER TAG
- ☐ Yes
- ☐ No

9A. ROLLOVER SEQUENCE (*1 Roll/2 Roll*)

9B. EXCLUSIONS (*I, O, etc.*)

9C. BEGIN WITH LETTERS

10. YEARLY USAGE (*HDS sets*)

11. MAXIMUM ISSUE PER ORDER

12. GLUE CONTAINER

13. MAXIMUM ISSUE

14. REMAINING STOCK

☐ Use Stock Until Depleted ☐ Destroy Stock Old Stock Number _____

15. OTHER

16. NEW NATIONAL STOCK NUMBER (*NSN*) (*to be assigned*)