OMB Approved
0579-0327
EXP: XX/XXXX

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

MANUFACTURER APPLICATION FOR APPROVAL OF OFFICIAL ANIMAL IDENTIFICATION DEVICES

Submission of this form by a device manufacturer indicates that they agree to follow the procedures for approval of official animal identification methods and devices contained in the Animal Disease Traceability (ADT) General Standards document and submit all required supporting documentation (see ADT General Standards Part C. Approval of Official Identification Methods and Devices for Animals and the associated appendices, and 9 CFR 79.3(k) for sheep and goats). For more information on ADT and official identification devices visit the ADT Website at http://www.aphis.usda.gov/traceability/.

PURPOSE OF APPLICATION

☐ **Initial** ☐ **Final** ☐ **Modification of an approved device**

Please refer to the Animal Disease Traceability Official Animal Identification Device Standards, Section C: Approval of Official Identification Methods and Devices, and supporting appendices for information on what to include in the application packet.

DEVICE APPLICANT INFORMATION

Name:		Premises Identification Number (PIN):	
Street Address:			
Street Address 2:			
City:		State:	Postal Code:
Phone:		Email:	
Primary Contact First Name:		Last Name:	
Phone:	Phone 2:	Email:	

Do you plan to be a device/tag manager? (Distribute the approved device)

☐ Yes ☐ No

What is the company's role regarding this device?

☐ Complete manufacturing, imprinting, and encoding (radio frequency identification (RFID) only) ☐ Encoding and/or Imprinting only ☐ U.S. Device Manager only (foreign manufacturer)

What is the bi-weekly production capacity for this device?

What is the anticipated inventory for this device?

MANUFACTURING PLANT INFORMATION *(if different than above)*

(If more than one manufacturer, provide additional contact information and locations on a separate sheet)

Business Name:		Premises Identification Number (PIN):	
Street Address:			
Street Address 2:			
City:		State:	Postal Code: / Country:
Phone:		Email:	
Primary Contact First Name:		Last Name:	
Phone:	Phone 2:	Email:	

What is the bi-weekly production capacity for this device?

What is the anticipated inventory for this device?

DEVICE INFORMATION

(If requesting a modification to an existing approved identification device, complete the information below with the new device specifications.)

Device Name:	Manufacturer Product Code:

Required International Committee for Animal Recording (ICAR) Conformance and Performance certifications attached? ☐ Yes ☐ No

ICAR Product Code:	ICAR Approval Date:

Device Format: ☐ Eartag Type of Eartag: ☐ Injectable Transponder ☐ Other (describe):

Physical Characteristics: ☐ One Piece ☐ Two Piece

Shape: ☐ Round ☐ Rectangle ☐ Strip ☐ Other (describe):

Primary Material:

High resolution pictures and diagrams showing all aspects of the device including materials used in each component and measurements (including pictures of all print formats and colors for which approval is requested for sheep and goats tags) emailed to traceability@usda.gov? ☐ Yes ☐ No

SPECIES

(USDA reserves the right to approve methods of identification specific to each species. Additionally, the use of injectable transponders in food animals is subject to FDA and FSIS regulations. Injectable transponders are not an approved official identification method for bison and cattle.)

☐ Cattle/Bison ☐ Deer/Elk ☐ Horses ☐ Sheep/Goats ☐ Swine

DEVICE DETAILS

☐ Low Frequency (LF) 134.2 kHz (must conform to ISO 11784 and 11785)

Technology type: ☐ HDX ☐ FDX

☐ UHF

Numbering Format: ☐ Animal Identification Number (AIN) ☐ National Uniform Eartagging System (NUES)

☐ Dual (combined low and ultra-high) Frequency Eartag (AIN Numbering format only)

☐ Visual Only

For technologies other than RFID, please contact ADT Program Staff at traceability@usda.gov.

PERFORMANCE AND QUALITY CONTROLS

I certify that the identification device submitted for approval meets all performance and conformance requirements as defined in the ADT General Standards.	☐ Yes ☐ No
Description of the quality control measures detailing the ability to produce and distribute the device consistently and according to the specifications contained in the ADT General Standards, including the full quality control plan and flow diagram for this identification device from manufacturing of all components, encoding and/or imprinting, shipment and addressing consumer complaints, is attached. If more than one company is involved with the manufacturing of the device components, a full quality control plan is attached for the entity that performs each step and their location.	☐ Yes ☐ No
If requesting approval for a sheep and goat identification device, a signed Company Agreement for Approval to Produce Official Eartags for Sheep and Goats is attached.	☐ Yes ☐ No

SIGNATURE

Applicant Signature	Date