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| AH-CD-601.docx 05/18 |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionPO Box 93178, Milwaukee, WI 53293-0178Phone: (608) 224-4872 Fax (608) 224-4871 |
| FARM-RAISED DEER CWD TEST SAMPLE COLLECTOR APPLICATIONFor Owners and Eligible Representatives - *For period ending June 30, 2023* |
| s. ATCP 10.52(4), Wis. Admin. Code |

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| APPLICANT NAME      | APPLICANT RELATIONSHIP TO FRDK LEGAL ENTITY |       | COUNTY      |
| APPLICANT MAILING ADDRESS STREET      | CITY      | STATE   | ZIP      |
| APPLICANT TELEPHONE #:(   )     -      | APPLICANT CELL PHONE # (   )     -      | APPLICANT E-MAIL      |
| APPLICANT SIGNATURE:      |

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| FARM-RAISED DEER KEEPER INFORMATION |

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| LEGAL ENTITY ON FRDK REGISTRATION      | DOING BUSINESS AS (If different)      |
| FRDK MAILING ADDRESS STREET      | CITY      | STATE   | ZIP      |
| COUNTY      | FARM-RAISED DEER HERD REGISTRATION #      | FRDK TELEPHONE #:(   )     -      | FRDK CELL PHONE # (   )     -      |
| NAME OF FARM-RAISED DEER HERD VETERINARIAN      | PHONE # OF FARM-RAISED DEER HERD VETERINARIAN(   )     -      |
| ADDRESS OF FARM-RAISED DEER HERD VETERINARIAN STREET      | CITY      | STATE   | ZIP      |

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| FEES |
| [ ]  Please enclose a non-refundable fee of $50. [ ]  Pre-Paid online—see instruction on reverse of formSend check or money order payable to:WI DATCP, to the address listed on the top of this form. |

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| BELOW TO BE FILLED OUT BY DISTRICT TRAINING VETERINARIAN |
| COMPLETION OF GENERALTRAINING SESSION | LOCATION      | DATE      |
| DISTRICT TRAINING VETERINARIAN | NAME (PRINT)      | SIGNATURE      |

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| COMPLETION OF THE WET LAB DEMONSTRATION SESSION | LOCATION      | DATE      |
| SOURCE HERD OF FARM-RAISED DEER SAMPLED      | NAME ON FRDK REGISTRATION      | COUNTY      |
| FARM-RAISED DEER SAMPLE PREMISES STREET ADDRESS      | CITY      | STATE   | ZIP      |
| REFERRAL NUMBER ON VS 10-4 SUBMISSION FORM USED FOR TRAINING      | [ ]  PASS | [ ]  FAIL |
| DISTRICT TRAINING VETERINARIAN NAME (PRINT)      | DISTRICT TRAINING VETERINARIAN SIGNATURE      | DATE      |

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| . AH-CD-601.docx 05/18 |
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Instructions for Farm-Raised Deer CWD Test Sample Collector application

Fill this form out and return it along with the non-refundable fee of $50.00 to Wisconsin Department of Agriculture Trade and Consumer Protection, PO Box 93178, Milwaukee, WI 53293-0178. Make a check or money order payable to Wisconsin Department of Agriculture, Trade and Consumer Protection.

Once application and payment have been received, a department Field Veterinarian will be in contact with the applicant to set up and administer the training to become a qualified test sample collector.

Signature: The application must be signed by the applicant or it will not be processed.

Legal Entity on FRDK Registration: Enter the legal name of the business entity that is listed on the farm-raised deer keeper registration. If the legal entity doing business is a sole proprietor or a married couple, enter the name(s) of the individual(s) as the legal entity name. If the legal entity has formally formed the business into a Partnership, Corporation, Limited Liability Company (LLC), Limited Liability Partnership (LLP), Trust, Cooperative or other legally constituted entity and has registered with the Department of Financial Institutions, if required, enter the complete name of that entity and the business mailing address.

DBA, trade names, etc. If the legal entity, as an individual or even as a Corporation or LLC, sometimes or generally conducts business under a name which is not formally constituted as a separate legal entity, then it is considered to be "doing business as," or "using a trade name of." Please enter all such designations that are used for the farm-raised deer keeper business.

ENCLOSE THE APPROPRIATE FEES (check or money order, payable to WI DATCP).

If you have any questions, contact the Division of Animal Health at 608-224-4872

**To Pay Online:**

* Go to: <https://datcpservices.wisconsin.gov/vetcatalog/index.jsp>
* Purchase one Farm-raised Deer CWD Test Sample Collector Application for Owner Sampler, (CWDSAMPCOLOWN), for each sampler applying. Place number in box for quantity, check small box to the right and proceed to checkout.
* Fill in the appropriate information. The name of the sampler should be listed in the first 2 boxes, the farm name in which the sampler will be taking samples for should be typed into the “Organization or Vet Clinic” box.
* Pay the $50 fee per sampler online

Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m), Wis. Stats.).