



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Animal Health
 2811 Agriculture Drive, P.O. Box 8911, Madison, WI 53708-8911
 Phone: 608-224-4872

Electronic Identification Tag Reader Program for Markets

APPLICATION FORM

Part I – Applicant Information:			
MARKET REQUESTING READER		MARKET REPRESENTATIVE	
MARKET STREET ADDRESS (if different)		CITY	STATE ZIP
MARKET PHONE: () -	CELL PHONE (if applicable): () -	EMAIL:	
MARKET LICENSE NUMBER:		OTHER CONTACTS (if applicable):	

Part II – General Information:	
1. Does market use low frequency (LF) official 840 radiofrequency identification (RFID) in market animals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Related to question 1, approximately how many animals does this include per week?	
3. Does market already have a LF RFID reader for the market? <input type="checkbox"/> Yes <input type="checkbox"/> No How many?	
4. Does your market sell to out of state buyers? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no Skip to 9)	
5. If selling to out of state buyers, does your veterinarian use electronic certificates of veterinary inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. If your veterinarian does not use electronic certificate of veterinary inspection, would they be willing to do so? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Approximately how many out of state buyers per week does your market have? (Check one) <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> More than 40	
8. Related to question 7, approximately how many total animals does this include?	
9. Does market sell replacement animals? <input type="checkbox"/> Yes <input type="checkbox"/> No Approximate number replacement animals per month?	
10. Feel free to provide additional information here, including describing how the reader will be used or how additional readers will be used if the market already has reader(s). If more space is needed you can use the back side or another sheet:	

Part III – Signature:	
The information provided in this application is true and accurate to the best of my knowledge.	
MARKET APPLICANT PRINT NAME	
MARKET APPLICANT SIGNATURE	DATE:

Submit completed application to:

Mail: DATCP-Division of Animal Health Attn: Gretchen May, P.O. Box 8911, Madison, WI 53708-8911
 Fax: 608-224-4871
 Email: gretchen.may@wisconsin.gov