

Multi-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			
□ Submit enrolling	g premises demograj	phic and contact information vi	ia spreadsheet to US SI	HIP OSA
Please check all site	e types that apply:			
Boar Stud - Produ	iction site with mature b	poars that distribute semen to other pr	oduction sites.	

□ Breeding Herd - Production site with breeding females and house \geq 1,000 breeding females (e.g., breed-to-wean, breeding/gestation or farrowing only, with or without on-site gilt isolation/grow-out).

- \Box 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 $\ge 1,000$ breeder or feeder swine.
- \Box Small Holding *Production sites with* \geq 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.

Acknowledgment of Participant Understanding & Compliance

Name and Contact Information for the Individual Submitting Acknowledgment

□ Same as Swine Owner Contact (US SHIP Participant) Above

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.

Date: ____