## **Multi-Premises US SHIP Enrollment Form**

State of Participants	pation (location of part	cicipating premises):	natina facilities located	
_	nformation (US SH		Jaimg Jacinnes tocatea.	
		*******		
radicss.			- C.	7.
Phone Number:	Address	City _Email:	State	Zip
Premises (Site)		_Linan.		
_		and contact information via	spreadsheet to US SF	HIP OSA
Please check all sit	e types that apply:			
_		that distribute semen to other prod	duction sites	
		g females and house $\geq 1,000$ breed		-wean
		ing only, with or without on-site gi		-wean,
Growing Pigs - A	Production site with $\geq 1,000$ fe	eeder swine (nursery, grower, or fi	inisher).	
		ith breeding females and grow fee		
stock	=	his particular farm site, and house		swine.
		nd < 1,000 total breeder or feeder 00 pigs (e.g., exhibition, niche, hol		
	A facility that slaughters pigs.	oo pigs (e.g., exhibilion, hiche, hoo	) <i>0</i> y)	
	4 jacuuy mai siaugmers pigs.			
Acknow	ledgment of Par	ticipant Understa	nding & Comp	oliance
Name and Con	tact Information for	the Individual Submi	tting Acknowleds	<u>zment</u>
	Owner Contact (US SHI			
If different, please	`	ii i articipant) Above		
, I	comprete octow.			
Phone Numbe	o Swine Owner (US SHI r:	* /		
			Cale a malayyana mua anama	atau danda an d
	1 0 1	articipant's understanding of the requirements of the US S	1 0	
responsibility of		am standards are expected to tts to meet or exceed the req		
Date:				



