



# *Mississippi Board of Animal Health*

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PO Box 3889, Jackson, MS 39207  
(601) 359-1170

## **SECURE FOOD SUPPLY (SFS) ENROLLMENT FORM**

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Physical (911) Address of Operation: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Commodity/Operation Type (check all that apply):

Beef on pasture (cow-calf, stocker)	Sheep
Beef feedlot	Goats
Dairy (cattle)	Market / sale barn
Pork production (indoor only)	Slaughter or processing plant
Pork production (access to outdoors)	Exhibition/show animals (any species)
Poultry production	Other:

USDA Premises ID number (PIN) (leave blank if no PIN/unknown PIN): \_\_\_\_\_

### **OWNER**

Name:

Phone Number:

Email address:

Alternate Phone Number:

### **MANAGER**

Name:

Phone Number:

Email address:

Alternate Phone Number:

### **VETERINARIAN:**

Name:

Phone Number:

Email address:

Alternate Phone Number:

### **PRIMARY CONTACT FOR SFS PROGRAM:**

Name:

Phone Number:

Email address:

Alternate Phone Number:



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## **Acknowledgements:**

Initial below to indicate your acknowledgement of the following conditions:

\_\_\_\_\_ I am authorized to sign on behalf of this operation.

\_\_\_\_\_ I am aware that the Mississippi SFS program is voluntary.

\_\_\_\_\_ I understand that the final approval is not a guarantee that I will be allowed to continue moving animals/products during a disease outbreak.

\_\_\_\_\_ I will allow my PIN to be used and shared as an identifier under the Mississippi SFS plan, in lieu of other personally identifiable information.

\_\_\_\_\_ I acknowledge that this enrollment form submission was provided voluntarily and may include proprietary business information. Any written biosecurity plans and other supporting documents submitted during enrollment in the Mississippi Secure Food Supply Program are requested to be (select one):

- ☐ Destroyed after review OR
- ☐ Maintained on file at the Mississippi Board of Animal Health

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Return completed form to: Mississippi Board of Animal Health, P.O. Box 3889, Jackson, MS 39207 or submit via email to: [SecureFood@mdac.ms.gov](mailto:SecureFood@mdac.ms.gov). Contact (601) 359-1170 with any questions.*