



Official Use Only Ref:		
Name of applicant	County	Date Stamp

Section A: Application Type

Please read the information and guidance notes to assist you through this application.

Please tick the relevant box below ✓
Is the application for:

- 1. Registering a new herd number? **Existing Herd Number**
- 2. Reactivating an existing dormant herd number?

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- 3. Change of herdowner of an existing herd number?
- 4. Change of keeper only?
- 5. For adding a species?

If this application relates to the division of an existing holding, please provide the details below if known.

Operator 1 - Herd owner:

“herdowner” means an operator as defined in EU Regulation 2016/429 who has a beneficial interest in a herd and is registering that interest under this application.

Operator 2 Keeper:

“keeper” means an operator as defined in EU regulation 2016/429 who is registered as the keeper of a herd and who is, irrespective of ownership, responsible for the day-to-day care and welfare of the herd. Under S.I. 58 of 2015 a keeper must be a natural person over 18 years of age.

A herdowner, who is not the keeper, shall be considered responsible with the keeper for the herd and the holding for the purposes of these Regulations.

DAFM communicates with keepers using a variety of mediums:

If you do not want to receive text messages from the Department, please tick the box

If you do not want to receive emails from the Department, please tick the box

Section B: Herdowner Information

One or more persons and or companies can be registered as Herdowner(s) for the herd.

- Complete Part One to register individual(s)
- Complete Part Two to register companies
- Complete both parts to register individuals and companies

Applicant Name or Trading Name**Part One Register Individuals as Herdowner (Operator 1)**

	Applicant 1		Applicant 2		Applicant 3	
Title - required (e.g., Mr, Mrs, Ms, Miss)						
Forename - required						
Surname - required						
Name known by						
Gender - required (please circle)	Female	Male	Female	Male	Female	Male
Date of Birth - required						
Nationality - required						
Farmer Status - required (please circle)	Full time	Part time	Full time	Part time	Full time	Part time
PPS Number - required						
Correspondence Address Line 1 - required						
Address Line 2 - required						
Address Line 3						
County - required						
Country - required						
Eircode - required						
Home Phone						
Mobile Phone - required						
Email Address – required to receive emails						

Part 2 Register Companies as Herdowner

	Company 1	Company 2	Company 3
Company Name – required			
Company Secretary Forename – required			
Company Secretary Surname – required			
Nationality – required			
Farmer Status (please circle)	Full time Part time non-Farmer	Full time Part time non-Farmer	Full time Part time non-Farmer
VAT Number -			
CRO Number – required			
Tax Reference Number – required			
Tax Access Code – optional			

Correspondence Address Line 1 – required	
Address Line 2 – required	
Address Line 3	
County	
Eircode – required	

Business Phone Number – required	
Mobile Phone Number - required	
Email Address – required Trading Name	

Supporting documentation Required – Certificate of Incorporation, A1, B1, B10 as required.

Section C: Nominated Keeper Details. (Operator 2) – This section must be completed and signed even if the keeper and the herdowner are the same person.

This must be an individual over 18 years of age.

Title - required (e.g., Mr, Mrs, Ms, Miss)	
Forename – required	
Surname – required	
Name known by	
Gender – required	Female Male Non-Binary
Date of Birth – required	
Nationality	
Farmer Status - required (please circle)	Full time Part time
PPS Number – required	

Postal Address Line 1 – required	
Address Line 2 – required	
Address Line 3	
County – required	
Country – required	
Eircode – required	

Home Phone	
Mobile Phone – required	
Email Address – required to receive emails	

I confirm that the above details are correct.

Signature of keeper _____
 DD ____ MM ____ YYYY _____

The keeper must also sign the conditions/agreement in Section L (2).

Section D: Removal of Herdowner(s) from the Herdnumber

Registered Herdowners to be removed from the herd

Name	PPS/Tax Reference Number	Reason for Removal (Circle)		
		Deceased	Partnership/ company dissolved	Other: give reason
		Deceased	Partnership/ company dissolved	Other: give reason
		Deceased	Partnership/ company dissolved	Other: give reason
		Deceased	Partnership/ company dissolved	Other: give reason

Section D (1): Please complete the section below if the herdowner is not deceased, or if a partnership or company has not dissolved.

If the previous registered person is not deceased, they must answer the following questions and sign in the table below. The signature must be witnessed by a person on the approved list of witnesses (Peace Commissioner, member of An Garda Síochána, Commissioner for Oaths or Solicitor). We will also accept the signature of a member of local police force if based outside of Republic of Ireland. The applicant may also present themselves at their Regional Veterinary Office, with photo ID, so that their signature can be witnessed.

✓ Yes No

Are you agreeable to the transfer of registration of the herd number to the new applicant? Yes No

Are you in a Registered Farm partnership? (if yes, please quote partnership number eg: RFP12345) Yes No

Please provide your RFP Number

Are you joining / making changes to the membership of Registered Farm Partnership? Yes No

(if yes, you must apply for a registered Farm Partnership Number, to do so contact farmpartnership@agriculture.gov.ie)

Do you wish to transfer any Basic Income Support for Sustainability (BISS) entitlements?
If yes, please log into your agfood.ie account and submit a transfer of entitlements application, and contact your agricultural advisor, if applicable.

Registered Herdowner Signature	Independent Witness Signature (over 18)	Independent Witness Print name	Date	Independent Witness Occupation	Independent Witness Stamp

Section D (2): Please complete the section below if the herdowner is deceased, or if a partnership/company has dissolved.

Registered Herdowner /Company	Date of death / Company dissolution date

Please Note: If the previous registered person is deceased, or if a partnership, or a company has dissolved, please include proof of entitlement to use the lands with this application.

Section E: Details of other registered numbers the applicant(s) has with the Department

Is your name associated with any other numbers(s) registered with the Department (e.g., herd, dealer, ovine, poultry, equine, pig, schemes or registration numbers held with other individuals or in partnership, companies etc.)?

Yes No

If yes, please provide herd registration numbers and holding addresses.

Registration Number	Species	Address

Please provide the reason for seeking an additional registered herdnumber.

Section F: Premises Address and Details of Lands including maps and proof of legal right to use lands

Please Note: All New, Reactivation or Transfer of ownership ER1 applications must be accompanied with written proof that the applicant has legitimate and legal right to use the lands associated with this application.

Address and location of the premises (buildings, yards, lands, etc.) must be clearly marked and outlined on a map.

Please supply farm address if different from details supplied above in Section A or B

Address Line 1	
Address Line 2	
Address Line 3	
County	
Eircode (if available)	
Folio Number (Required)	
Land Parcel Identification System Number (LPIS)	

Do you own the land, or is the land leased? *please circle below*

owned leased short-term rental (conacre)

Please Note: For disease control purposes it shall be considered that any out-farm may require a separate herd number.

Please provide the details below

Home Farm Address	
Owned, leased, or rented	
Expiry date of lease/rental agreement if applicable	
Size in hectares	
Include folio number	
LPIS number	

Out Farm 1 Address	
Owned, leased, or rented	
Expiry date of lease/rental agreement if applicable	
Size in hectares	
Include folio number	
LPIS number	
Approximate distance from home farm (km)	

Out Farm 2 Address	
Owned, leased, or rented	
Expiry date of lease/rental agreement if applicable	
Size in hectares	
Include folio number	
LPIS number	
Approximate distance from home farm (km)	

Out Farm 3 Address	
Owned, leased, or rented	
Expiry date of lease/rental agreement if applicable	
Size in hectares	
Include folio number	
LPIS number	
Approximate distance from home farm (km)	

Section F (1): Please read the questions below carefully before answering.

- | | Yes | No | NA | <input checked="" type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|-------------------------------------|
| 1. Is there independent access and/or right of way to all lands? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2. Are all entry points to adjoining holdings that are not part of the application permanently blocked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Is there a permanent perimeter of stock proof fencing appropriate to the proposed species on the holding? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4. Are there permanent and adequate handling facilities on the holding?
(these are independent structures with solid foundations are made of materials that can be cleaned and disinfected). | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5. Is there permanent access to a suitable water supply for the animals? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6. Is there adequate feed provision? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Is there appropriate slurry/farmyard manure capacity to avoid environmental contamination as suitable for the intended production? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. Do you have appropriate over winter facilities and lighting for the number and type of animals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. Are there suitable isolation facilities for sick or injured animals on the holding? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| a. Are the isolation facilities permanent independent structures with solid foundations? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| b. Do they have non-slip concrete floors? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| c. Do they have a covered shelter? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| d. Are they close to an animal handling facility? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| e. Do they have adequate separation from the rest of the herd? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| f. Do they have adequate lighting? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| g. Do they have dry comfortable bedding? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| h. Do they have a permanent water supply? | <input type="checkbox"/> | <input type="checkbox"/> | | |

Section G: Herd Details

Please tick the applicable types of farming enterprise proposed. ✓

Dairy	<input type="checkbox"/>	Sheep	<input type="checkbox"/>
Suckler	<input type="checkbox"/>	Goats	<input type="checkbox"/>
Fattening	<input type="checkbox"/>	Contract Rearing In	<input type="checkbox"/>
Summer grazing	<input type="checkbox"/>	Contract Rearing Out	<input type="checkbox"/>
		Alpaca / Llama	<input type="checkbox"/>
Other	<input type="checkbox"/>	Please specify _____	

What is the proposed number of cattle in the herd within 18 months from the date of this application?

Herd	Cows	Bulls	Heifers	Steers	Calves under 6 months
Proposed					

Herd Registration:

If a Herd Number is granted you are obliged by law to maintain a Herd Register SI 254/2023 To manage your herd registrations electronically, please register with agfood.ie (once a herd number has been provided) scan QR code. Alternatively, if you would prefer a hard copy herd registration booklet (blue book) please tick the box below.



I would like a hard copy herd registration book.

Please include the number of other livestock in the boxes below (0 if none)

Pigs		Goats		Horses	
Sheep		Deer		Alpaca/ Llama	
Poultry		Other		Please Specify	

Section H: Wildlife

Are there any badger setts on your land?

Yes No

If Yes, fence off badger openings and spoil heaps to prevent access by livestock.

Have you taken measures to minimise contact with badgers?

Yes No

Note: Reduce the risk of bovine TB entering your herd by

- Make water and feed troughs badger proof.
- Secure feed stores and raise mineral licks of the ground.
- Never feed concentrates at ground level.



You can report badger activity on your farm to the Department by using our online badger activity app. Please use the QR code to get direct access.

Section I: Veterinary Practice

Please provide details of the attending veterinary practice you currently use or propose to use.

Veterinary Practice Name

Address Line 1

Address Line 2

Address Line 3

County

Eircode

Phone Number

Section J: Direct Payments

Please complete the form for Agricultural Scheme Payments (DIR-CR-AGR-GDPR) to nominate the bank account to which direct payments will be made.

The form is available to download at the following link or QR Code.

gov.ie - [DIR-CR Bank Mandate Forms \(www.gov.ie\)](http://www.gov.ie)



Section K: Authorisation

If you wish to have a nominated person acting on your behalf for all DAFM related queries, please download and complete the DAFM AUTH4 form which is available at the following link or QR code.

gov.ie - [Authorisation Form to allow other nominated contact\(s\) to act on behalf of DAFM clients \(www.gov.ie\)](http://www.gov.ie)

Once complete please email the DAFM AUTH4 form to ccsadmin@agriculture.gov.ie



Section L: Conditions / Agreement

I, the undersigned, hereby apply to register my establishment and as an operator under the European Union (Animal Identification and Tracing) Regulations (S.I. 254 of 2023) and apply for a herd number pursuant to Regulation 3(3) of the S.I. 58 of 2015 and agree to be bound by the following conditions:

- (a) I undertake to maintain my herd as a discrete epidemiological unit and not intermix or keep on the holding stock under a different herdnumber.
- (b) I shall take all necessary steps to ensure the welfare of all animals in my possession or under my control are protected, that they are kept in conditions which meet their physiological and behavioural needs and that no animal is caused unnecessary pain, suffering or injury while in my care.
- (c) I undertake to comply with all the regulatory requirements for:
 - Tagging, registration and identification of all animals in/under my possession or control.
 - Notifying all births, deaths, and movements of such animals.
 - Keeping of a herd register / flock register.
- (d) I undertake to maintain existing facilities and upgrade my animal housing, isolation facilities, cattle handling, feeding, wastewater, farmyard manure slurry storage facilities in line with future herd expansion.
- (e) I will present all cattle in/under my possession or control for testing under the Bovine Tuberculosis Eradication Scheme within the timescales directed by the Regional Veterinary Office (RVO).
- (f) I will fulfil the provisions of the Animal Remedies Act and Regulations and keep an animal remedies record as provided for in the regulations.
- (g) I will comply with the regulatory requirements relating to Animal Health and Welfare, BSE controls and feeding stuffs.
- (h) I will present animals for dispatch and slaughter in clean condition.
- (i) I will dispose of fallen animals in compliance with the regulatory requirements.
- (j) Prior to commencement of a farm visit I will inform the person carrying out disease testing of any treatments given to animals, any diseases or abnormal conditions in the herd and I will make available all records relating thereto.
- (k) I am aware that full entitlement to compensation in the event of a disease breakdown in my herd is conditional on my compliance with all relevant regulations.

- I will notify the Department of Agriculture, Food and the Marine (DAFM) RVO of any material changes regarding the herd or holding which may affect the existing approval for any herd number granted under the Regulations.
- **Where the entire holding is leased or rented, and the agreement expires, a new agreement must be submitted to DAFM in advance of the outdated lease or rental agreement.**
- Failure to do so may result in your herd being suspended. If the entire holding is no longer in the same District Electrical Division (DED), it will be treated as a new application, and a new herdnumber may be assigned.

- (l) I hereby agree to facilitate and to provide adequate assistance for the carrying out of official tests, inspections, or sampling required on my herd / animal(s) by DAFM.
- (m) I hereby acknowledge that any private testing of my herd / animal(s) for diseases, for which a Disease Eradication programme is in operation must have advance approval of DAFM.
- (n) In the case of a newly established/reactivated dormant herd, I declare that I understand and accept that;
- i. My herd does not have officially TB free status until a clear TB test establishes that disease does not exist in the herd.
 - ii. I am not free to acquire animals into the holding without permission.
 - iii. I am not free to dispatch any animal from the holding without permission (except direct to slaughter) until the health status of the herd is established.
 - iv. I am obliged to notify DAFM in writing when I have assembled my stock in order that the health status of my herd can be established and once permission to acquire bovine animals has been issued, failure to acquire animals within the permitted timeframe will result in the herd number being de- activated.

It is also expressly agreed and understood that the carrying out of any DAFM related tests, inspections or sampling is without liability of any kind on the part of the Minister for Agriculture, Food and the Marine or DAFM Officials.

I declare that all the information provided by me in connection with this application is accurate, complete, and true to the best of my knowledge, information, and belief and that I am over 18 years of age.

I have not withheld any information relevant to approval under the Regulations, false or misleading information may invalidate this application or any subsequent approvals.

Section L (1): Herdowner offences and prosecution details

Are there any convictions, or pending prosecutions for animal health or welfare offences within or outside the state against you, the herdowner(s)?

	Herdowner Name	No	Yes	Details of conviction or pending prosecutions
1.				
2.				
3.				

Section L (1) cont'd: Herdowner(s) Conditions / Agreement Signatures

I declare that it is my responsibility as herdowner to ensure that the keeper and I adhere to conditions of registration.

	Herdowner Signature	Date	Official use only
1.			Verified by:
2.			Date:
3.			Type of ID:

Section L (2): Keeper Offences and Prosecution Details

Are there any convictions, or pending prosecutions for animal health or welfare offences within or outside the state against you, the keeper?

Keeper Name	No	Yes	Details of conviction or pending prosecutions

Section L (2) cont'd: Keeper Conditions / Agreement Signatures

I am responsible for the day-to-day care and welfare of the herd. I will adhere to all relevant conditions of registration.

Keeper Signature	Date	Official use only
		Verified by: Date: Type of ID:

Return of Application

Please return this ER 1 application form to the Regional Veterinary Office (RVO) relevant to your county.

County and Regional Veterinary Offices

Cavan Monaghan Offaly Roscommon Westmeath	Department of Agriculture, Food and the Marine, Cavan Office, Government Buildings, Farnham Street, Cavan H12 D459 Phone number: +353 (0) 49 4369798
Cork Kerry	Department of Agriculture, Food and the Marine, Revenue House, Assumption Road, Blackpool, Cork T23W022 Phone number: +353 (0) 21 4851400
Donegal	Department of Agriculture, Food and the Marine, Meeting House Street, Raphoe, Co Donegal F93 WK52 Phone number: +353 (0) 74 917 3600 / +353 (0) 74 917 3601
Clare Dublin Kildare Laois Limerick Wicklow West	Department of Agriculture, Food and the Marine, Poplar House, Poplar Square, Naas, Co. Kildare W91 HC5P Phone number: +353 (0) 45 873035
Leitrim Longford Sligo	Department of Agriculture, Food and the Marine Derryhallagh, Drumshanbo, Leitrim N41 EW27 Phone number: +353 (0) 71 968 2000
Galway Mayo	Department of Agriculture, Food and the Marine, Michael Davitt House, Castlebar, Co. Mayo F23 VE28 Phone number: +353 (0) 94 9035300
Louth Meath	Department of Agriculture, Food and the Marine, Government Offices, Athlumney, Kilcarn, Navan, Co. Meath C15 FEF2 Phone number: +353 (0) 46 9082900
Carlow Kilkenny Tipperary Waterford Wexford Wicklow East	Local Office Administration Unit, Department of Agriculture, Food and the Marine, Old Knockmay Road, Portlaoise, Co. Laois R32 YK81 Phone number: +353 (0) 51 31 2300

Data Protection

The Data Protection Officer can be contacted at dataprotectionofficer@agriculture.gov.ie

For more information on Data protection, please visit gov.ie - Data Protection (www.gov.ie)

for more information on the collection and processing of personal information collected in this application form please read our Data Protection Notice which is available to view and download at below link or QR code.



Applicant's Checklist

		Yes	No
1	Have you completed the form?		
1a	As herdowner(s), have you signed Section L (1)?		
1b	As keeper, have you completed and signed Section C and Section L (2)?		
2	Have you provided proof of identity?		
3	Have you provided the folio number(s) if required?		
4	Have you provided a map of the holding if required?		
5	If proof of legitimate right to use the land is required, have you?		
5a	Provided a valid lease/license Agreement (plus revenue certificate).		
5b	Provided rental agreement document.		
5c	Provided release of interest/waiver letter.		
6	If applicant is a company, have you provided?		
6a	A certificate of Incorporation.		
6b	The company constitution or Form A1 (New Company Incorporation) or Form B1 (Annual Return General) or B10.		
7	In inheritance cases, have you provided?		
7a	An original or certified copy of will or solicitors letter confirming no will and administration will be extracted.		
7b	A death certificate.		
7c	An indemnity form if no will and administration will be extracted.		