

REGISTERED FARM PARTNERSHIPS

REQUEST FOR AN APPLICATION FORM FOR A HERD NUMBER FOR THE HERD OF THE PARTNERSHIP

Farm Partnerships Regulations 2015

PART A

[To be completed by the keepers of the existing herds who are applying to form a Registered Farm Partnership]

We, Keeper¹ A and Keeper B named below, wish to form a Registered Farm Partnership, and: (✓ tick as appropriate below)

1. require an application form ER1 for a herd number in the name of _____
_____ (Keeper²)

OR

2. apply to retain our existing Herd Number(s)

for the herd(s) of bovine animals to be operated by us, should we be registered as a Farm Production Partnership on the Register of Farm Partnerships

Information on existing herds

Herd A

Keeper A is the named keeper of the existing herd A

Keeper A:

Address:

.....

Existing Herd No:

Herd B

Keeper B is the named keeper of the existing herd B

Keeper B:

Address:

.....

Existing Herd No:

Signature of existing keeper(s): A _____

Signature of existing keeper(s): B _____

Date:

¹ The keeper is the person(s) in whose name the herd number is registered for purposes of the Animal Disease Eradication programmes (Receives letters from the DVO etc)

² Only one person is to be proposed as the keeper of the partnership herd

From RFP/DVO

REGISTERED FARM PARTNERSHIPS

PART B

[For completion by the District Veterinary Office]

The proposed Registered Farm Partnership comprised of the following existing herds

Herd Number _____
Keeper (Name) _____
Address _____

and

Herd Number _____
Keeper (Name) _____
Address _____

(✓ tick as appropriate below)

- 1. have completed an ER1 (application for herd number) and shall, **if registered as a Farm Partnership**, be allocated the following Herd Number(s),
- 2. shall retain its existing herd numbers
- 3. Other (please specify) _____

Herd Number **(Partnership Herd Number)** _____
Keeper (Name) _____
Address _____

Herd Owner(s) _____

Herd Number of second herd
(only in exceptional circumstances,
and routine qualification criteria apply) _____
Keeper (name) _____

Herd Owner(s) _____

CERTIFICATION BY District Veterinary Office

Name in Blocks: _____
Signature: _____
Status: _____
Date: _____

District Veterinary Office Stamp

NOTE: Immediately upon registration as a Registered Farm Partnership, a copy of the Partnership's first Certificate of Registration must be sent to the officer named above.