



Secure Food Supply (SFS) Enrollment Form

Return completed form by mail to 635 Capitol St NE, Salem, OR 97301, or by email to SecureFood@oda.oregon.gov. Please contact (503) 986-4680 with questions.

Company Information

BUSINESS NAME (THAT YOU OPERATE UNDER)

BUSINESS MAILING ADDRESS

CITY

STATE

ZIP

<input type="text"/>	<input type="text"/>	<input type="text"/>
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COMMODITY/OPERATION TYPES (CHECK ALL THAT APPLY)

- | | |
|---|--|
| <input type="checkbox"/> Beef feedlot | <input type="checkbox"/> Poultry production |
| <input type="checkbox"/> Cattle on pasture (cow-calf, stocker) | <input type="checkbox"/> Sheep on pasture/rangeland |
| <input type="checkbox"/> Dairy operation (cattle) | <input type="checkbox"/> Sheep feedlot |
| <input type="checkbox"/> Pork production (pigs with outdoor access) | <input type="checkbox"/> Goat operation |
| <input type="checkbox"/> Pork production (pigs raised indoors) | <input type="checkbox"/> Slaughter or processing plant |

USDA PREMISES ID NUMBER (PIN) FOR ALL PARTICIPATING OPERATIONS (USE COMMA TO SEPARATE PINS)*

Company Contacts

PRIMARY CONTACT NAME

PHONE NUMBER

<input type="text"/>	<input type="text"/>
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EMAIL ADDRESS

ALTERNATE PHONE NUMBER

<input type="text"/>	<input type="text"/>
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ALTERNATE CONTACT NAME

PHONE NUMBER

<input type="text"/>	<input type="text"/>
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EMAIL ADDRESS

ALTERNATE PHONE NUMBER

<input type="text"/>	<input type="text"/>
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VETERINARIAN NAME

PHONE NUMBER

<input type="text"/>	<input type="text"/>
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EMAIL ADDRESS

Acknowledgements

Initial below to indicate your acknowledgement of the following conditions:

_____ I am (we are) aware that the Oregon SFS program is voluntary.

_____ I (we) understand that the final certification is not a guarantee that I (we) will be allowed to continue moving animals/product during a disease outbreak, but that it increases the likelihood I (we) will be allowed to do so.

_____ I (we) will allow my (our) PIN to be used and shared as an identifier under the Oregon SFS plan, in lieu of other personally identifiable information.

_____ In consideration of the information above, I (we) have decided to voluntarily participate in the Oregon SFS plan by beginning the planning and training necessary to be certified under the plan.

- Check this box to acknowledge this enrolment form submission was provided voluntarily and may include proprietary business information. Any written biosecurity plans submitted with enrollment of Oregon Department of Agriculture's Secure Food Supply Program are requested to be destructed after review.

OWNER/OPERATOR SIGNATURE

DATE

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*For each premises with a different USDA Premises ID Number (PIN), one or more biosecurity verification audits will be completed. For example, if a premises with the same PIN has both pigs and poultry, a biosecurity audit/checklist will be completed to ensure biosecurity requirements for both the Secure Pork and the Secure Poultry plans are satisfied. Or, if a company has two poultry premises with different PINs, a separate biosecurity audit/checklist will be completed for each location to ensure both premises satisfy the Secure Poultry plan biosecurity requirements.