

APPLICATION FORM FOR REPLACEMENT CATTLE IDENTITY DOCUMENTS AND/OR TO HAVE DETAILS ON THE DATABASE AMENDED.



ER94(b)

1. Herd Number:

2. Name of Applicant Keeper: _____

3. **All document(s)** for which replacements are sought should be submitted with this application. If they are not available, you should state the reason here:

4. Details of animal(s) for which replacement document(s) is/are sought, and where necessary, the registered details are to be amended:

- N.B
- (i) Where a replacement document only is required, you should complete columns **1, 2** and **7**.
 - (ii) Where the registration details are to be amended, you should complete columns **1, 2, 7** and whatever columns need to be amended.
 - (iii) The tag number(s) **must be registered** in your herdnumber - according to AIM.

Column	1*	2	3	4	5		6	7**	OFFICIAL USE RVO NO.	
EARTAG NUMBER	SEX M/F	DATE OF BIRTH	DAM EARTAG NUMBER	BREED OF		AI CODE	PREMIUM STATUS (IF KNOWN)		DATA BASE	INTLS
				DAM	SIRE					

* Mandatory Field

**insert "10 month" "22 month" or "Bull", as appropriate

Only applies in cases where the registration details are to be amended

5. (i) Amendments to the database are permitted only in exceptional and justifiable circumstances. Please explain here why you consider the registered details are incorrect:
- _____
- (ii) To amend the existing information on an animal, evidence must be available to support the change (e.g. herd test, A.I. cert., headage or premia inspection, etc.). Please attach supporting documentation or indicate the source of information already available to the Department to justify the proposed amendment:
- _____

6. DECLARATION BY APPLICANT KEEPER

I hereby declare that the details given by me above are, to the best of my knowledge, true and accurate. Where this application relates to identity documentation that has been lost, I undertake to return the original documentation to the Department of Agriculture, Food and the Marine (Local RVO) if they are subsequently found.

Signed: _____

Date: _____

For official use only:

Checked:

Amended:

Initials:

Date:

Completed and signed form must be submitted to your Regional Veterinary office to be processed