



DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

DIVISION OF AGRICULTURE

235 Promenade Street, Room 370
Providence, Rhode Island 02908

<p>DEM Use Only:</p> <p>Number: _____ / _____</p> <p>Approved By: _____</p> <p>Date: _____</p>
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REGISTRATION APPLICATION FOR A CARRIER (updated December 2017)

APPLICANT INFORMATION:

New License

Renewal

Fill form out completely even if renewal. NOTE: Incomplete Applications may be rejected and returned. Fillable PDF Form can be filled out and then printed and submitted via fax, postal mail, or scanned and emailed. Keep a copy for your records.

Name of COMPANY: _____

If USDA Licensed, USDA License Number and Type: _____

Has USDA License been revoked or suspended? YES NO (If yes, provide details on a separate sheet)

Address (No P.O. Boxes): _____

Town / City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **FAX/Alt phone:** _____

Email: _____ **Website:** _____

Mail Address (if different from above): _____

Town / City: _____ **State:** _____ **Zip Code:** _____

Name of REGISTRANT (Business Owner/Operator): _____

Address (No P.O. Boxes): _____

Town / City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **FAX/Alt phone:** _____

Email: _____ **Website:** _____

Mail Address (if different from above): _____

Town / City: _____ **State:** _____ **Zip Code:** _____

Contact Person in Rhode Island (Must reside within RI): _____

Address (No P.O. Boxes): _____

Town / City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **FAX/Alt phone:** _____

Email: _____ **Website:** _____

Mail Address (if different from above): _____

Town / City: _____ **State:** _____ **Zip Code:** _____

Emergency Contact Person for carrier: _____

Phone: _____ **Alternate Phone:** _____

OPERATIONAL PLAN

VEHICLE / CONVEYANCE INFORMATION

(If more than TWO vehicles are used, provide information on separate sheets for additional vehicles.)

OWNER of Vehicle used for Transport: _____

Address (No P.O. Boxes): _____

Town / City: _____ State: _____ Zip Code: _____

Telephone: _____ FAX/Alt phone: _____

Mail Address (if different from above): _____

Town / City: _____ State: _____ Zip Code: _____

Email: _____ Website: _____

Model year and Make of 1st Vehicle used for Transport: _____

Model of Vehicle used for Transport: _____

State Vehicle is Registered: _____

Registration Number (Plate Number): _____

Date of most recent USDA inspection: _____

Maximum Animal Capacity of vehicle: _____

Number of Animal Cages on vehicle: _____

Model year and Make of 2nd Vehicle used for Transport: _____

Model of Vehicle used for Transport: _____

State Vehicle is Registered: _____

Registration Number (Plate Number): _____

Date of most recent USDA inspection: _____

Maximum Animal Capacity of vehicle: _____

Number of Animal Cages on vehicle: _____

SANITATION PROTOCOLS:

Use this space to describe sanitation protocols used in conveyance. Provide the product(s) used, frequency, sanitation of blankets and other porous surfaces, etc. *(Attach separate sheets if necessary).*

Disinfectant(s) / Cleaning product(s) used: _____

Frequency of cleaning: _____

Cleaning Procedures: _____

Are Animals Allowed off of conveyance during Transport? YES NO

If yes, provide details including specific address/location(s): _____

PHOTOGRAPHS

****THIS IS MANDATORY EVERY YEAR****

Along with New or Renewal Application, submit the below listed photographs of the conveyance. Photos must demonstrate method of securing kennels/crates and existing Heat/Ventilation/AC System. Photos must be NO MORE than one year old. Minimum of 7 photos.

If animals are transported in a trailer, provide photos for the trailer (not the truck pulling the trailer). If van (or camper-style conveyance), provide for whole vehicle as listed.

- 1) ONE photo of LEFT SIDE of the conveyance (trailer or van)
- 2) ONE photo of RIGHT SIDE of the conveyance (trailer or van)
- 3) ONE photo of the REAR of the conveyance (trailer or van) (include license plate)
- 4) ONE photo of the FRONT of the conveyance (trailer or van) (include license plate)
- 5-7+) THREE or more of the ANIMAL HOUSING AREA(S) in the INTERIOR

NOTE: REGISTRATION expires December 31st of each year.

It is the responsibility of the licensee to renew annually. No reminder will be sent.

* *No annual fee required*

* *Use reverse side or additional paper to neatly list any additional information*

* *Complete form in its entirety (**incomplete Applications will be returned until completed**)*

* *Call Div. Of Agriculture /Animal Health with inquiries @ 401-222-2781 x2774515*

* *Fax completed application to 401-222-6047 or*

* *Scan and email completed application to marisa.corley@dem.ri.gov or*

* *Sign, date as indicated and mail completed application to:*

RI Department of Environmental Management
Division of Agriculture / Animal Health Section
235 Promenade St. / Rm. 370
Providence, RI 02908-5767

Signature below attests knowledge and understanding of the following laws and regulations:

Rhode Island General Laws:

-CHAPTER 4-1 Cruelty to Animals

<http://webserver.rilin.state.ri.us/Statutes/TITLE4/4-1/INDEX.HTM>

-CHAPTER 4-4 Animal Diseases in General

<http://webserver.rilin.state.ri.us/Statutes/TITLE4/4-4/INDEX.HTM>

-CHAPTER 4-19 Animal Care (changes enacted July 16, 2016)

<http://webserver.rilin.state.ri.us/Statutes/TITLE4/4-19/INDEX.HTM>

Regulations:

NOTE: All Regulations underwent re-codification in 2017.

Appearance differs from previous versions, but information is unchanged.

-RULES AND REGULATIONS GOVERNING ANIMAL CARE FACILITIES

<http://sos.ri.gov/documents/archives/regdocs/released/pdf/DEM/9057.pdf>

-RULES AND REGULATIONS GOVERNING THE IMPORTATION OF ANIMALS (2015)

<http://sos.ri.gov/documents/archives/regdocs/released/pdf/DEM/9070.pdf>

-RULES & REGULATIONS GOVERNING THE PREVENTION, CONTROL AND SUPPRESSION OF
-RABIES WITHIN THE STATE OF RHODE ISLAND (2016)

<http://sos.ri.gov/documents/archives/regdocs/released/pdf/DEM/9060.pdf>

OPERATIONAL PLAN

Any change in the USDA license status, vehicle, maximum number of animals, confinement of animals, types of animals, configuration of conveyance, etc., will require an amendment that must be approved by Animal Health prior to the change being executed.

Notification Requirement per Section 1.8 (D) (5)

Section 1.8 D. General Requirements of all entities and carriers

5. Must notify the Department of all expected shipments of dogs or cats being imported into the state as to the time and location of the arrival of the shipments. Notification must be received by the Department no less than 24 hours prior to arrival of the shipment.

Notification must be by submission of [Dog and Cat Importation Manifest](#)

URL: <http://www.dem.ri.gov/programs/agriculture/documents/dogcatman.pdf>

Alternatively, submit in a format that is both electronically accessible AND legible which contains ALL of the required information, as indicated on the Manifest, including DATES.

“SOURCE Entity/Name” is the facility/rescue Dog or Cat is collected from

“RECEIVING Entity” is the RI Licensed Rescue, etc. (or owner) Transported FOR

“RECEIVER Information” is Foster / Adopter / Owner collecting the animal(s) from Transport.

OWNER / OPERATOR (or equivalent) is responsible for employees, drivers, sub-registrants and/or volunteers being informed of and understanding laws, regulations listed above and can attest that to the best of their knowledge, no employee, volunteer or foster has ever been convicted of animal cruelty or mistreatment.

*****Sign and Date bottom of each page*****

Indicate Title(s) if different than those indicated.

Signature of Registrant Primary Contact: _____

PRINT Name and Title: _____ Date: _____

Signature of Registrant Secondary Contact: _____

PRINT Name and Title: _____ Date: _____

Signature of Registrant RI Contact: _____

PRINT Name and Title: _____ Date: _____