



**DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

**DIVISION OF AGRICULTURE**

235 Promenade Street, Room 370  
Providence, Rhode Island 02908

<b>DEM Use Only:</b>
<b>Number:</b> _____ / _____
<b>Approved By:</b> _____
<b>Date:</b> _____

**2017 REGISTRATION APPLICATION FOR A CARRIER**

**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**Has USDA License been revoked or suspended?**  YES  NO (If yes, provide details on a separate sheet)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 1<sup>st</sup> 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 2<sup>nd</sup> 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

Along with New or Renewal Application, submit the following photographs of the conveyance. Photos must demonstrate method of securing kennels/crates and existing Heat/Ventilation/AC System and 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 31<sup>st</sup> 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 x4515*

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

\* *Scan and email completed application to [marisa.coates@dem.ri.gov](mailto:marisa.coates@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:

-RULES AND REGULATIONS GOVERNING ANIMAL CARE FACILITIES

NEW in 2015 (Revised 2016) <http://www.dem.ri.gov/pubs/regs/regs/agric/animcare16.pdf>

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

<http://www.dem.ri.gov/pubs/regs/regs/agric/animimp15.pdf>

-RULES & REGULATIONS GOVERNING THE PREVENTION, CONTROL AND SUPPRESSION OF

-RABIES WITHIN THE STATE OF RHODE ISLAND (2016)

<http://www.dem.ri.gov/pubs/regs/regs/agric/rabies16.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 Rule 8.04 (e)**

**8. 04 General Requirements of all entities and carriers:** e. 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](http://www.dem.ri.gov/programs/agriculture/documents/dogcatman.pdf) (<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.

**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: \_\_\_\_\_