DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AGRICULTURE & RESOURCE MARKETING
235 Promenade Street, Room 370, Providence, RI 02908-5767
Phone: 401-222-2781 Fax: 222-6047 TDD: 711 http://www.dem.ri.gov

REGISTRATION APPLICATION FOR CARRIERS

NOTE: Incomplete Applications will be rejected and returned for completion

☐ **New Registration** ☐ **Renewal** *Fill form out completely even if renewal*

APPLICANT INFORMATION:

Name of REGISTRANT: _____

Address: _____

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

Telephone: _____ **FAX:** _____

Email: _____ **Website:** _____

Name of COMPANY: _____

USDA License Number and Type: _____

Address: _____

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

Telephone: _____ **FAX:** _____

Email: _____ **Website:** _____

Has USDA License ever been revoked or suspended?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

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

Address: _____

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

Telephone: _____ **FAX:** _____

Email: _____ **Website:** _____

Emergency Contact Person for carrier: _____

Phone: _____ Alternate Phone: _____

VEHICLE/CONVEYANCE INFORMATION

OWNER of Vehicle used for Transport: _____

Address of Vehicle Owner: _____

Town /City/State: _____ Zip Code: _____

Telephone: _____ FAX: _____

Email: _____ Website: _____

Make of Vehicle used for Transport: _____

Model Year and Model of Vehicle used for Transport:_____

State where Vehicle is Registered: _____

Registration Number/Plate Number:_____

Date of most recent USDA inspection: _____

Maximum animal capacity of vehicle: _____

Number of animal cages on vehicle: _____

(If more than one vehicle is used provide information on separate sheets for additional vehicles.)

SANITATION PROTOCOLS:

Use this space to describe sanitation protocols used in the conveyance of animals including details on the products used, frequency, sanitation of blankets and other porous surfaces, etc: (Attach separate sheets if necessary).

_____

_____

_____

_____

_____

ATTACH PHOTOGRAPHS OF VEHICLE(S). PHOTOS TO INCLUDE BOTH SIDES, FRONT, AND REAR OF THE VEHICLE'S EXTERIOR AS WELL AS PHOTOS OF THE ANIMAL HOUSING AREAS OF THE INTERIOR OF THE VEHICLE. PHOTOS MUST BE NO MORE THAN A YEAR OLD.

PERTINENT REGULATIONS /PROTOCOLS/POLICIES

RI DEM Website- http://www.dem.ri.gov/

The State of Rhode Island Manual for Rabies Management and Protocols
http://www.dem.ri.gov/programs/bnatres/agricult/pdf/rabiesprot2010.pdf

RULES & REGULATIONS GOVERNING THE PREVENTION, CONTROL AND SUPPRESSION OF RABIES WITHIN THE STATE OF RHODE ISLAND
http://www.dem.ri.gov/pubs/regs/regs/agric/rabies10.pdf

RULES AND REGULATIONS GOVERNING THE IMPORTATION OF ANIMALS (For Licensed releasing agencies / Entities that import animals for adoption):
http://www.dem.ri.gov/pubs/regs/regs/agric/animimp12.pdf

RI GENERAL LAWS

State of Rhode Island General Laws / TITLE 4 - Animals and Animal Husbandry
http://www.rilin.state.ri.us/Statutes/TITLE4/INDEX.HTM

Relevant Chapters:

- CHAPTER 4-1 Cruelty to Animals
- CHAPTER 4-4 Animal Diseases in General
- CHAPTER 4-13 Dogs
- CHAPTER 4-13.1 Regulation of Vicious Dogs
- CHAPTER 4-19 Animal Care
- CHAPTER 4-22 Cat Identification Program
- CHAPTER 4-24 Permit Program for Cats

Please review above listed information as pertains to licensed releasing agencies (per RIGL 4-19-2 (16) and carriers.

NOTE: REGISTRATION expires December 31st of each year.
It is the responsibility of the licensee to renew annually. No reminder will be sent.

Any change to any of the information you provided on this registration application will require a written amendment to be submitted to by Animal Health. Any revocation or suspension of a carrier's USDA license will automatically result in revocation of your RI certificate of registration. A new application must be submitted and approved prior to any revoked registration being reinstated.

Signature below indicates knowledge and understanding of laws, regulations, policies, protocols, and forms listed above. The registrant listed above is responsible for employees and/ or volunteers being informed of and understanding laws, regulations, protocols, policies, and forms listed above.

Signature of REGISTRANT: _____

Title: _____ Date: _____

** No annual fee required*
** Use reverse side or additional paper to list any additional information*
** Complete form in its entirety (incomplete Applications will NOT be processed until completed)*
** Call DEM / Div. Of Agriculture /Animal Health Section with inquiries @ 401-222-2781 x4515*
** Fax completed application to 401-222-6047 or,*
** Sign, date and return application to:*

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

DEM Use Only:

Inspected By: _____ Date: _____

Approved By: _____ Date: _____