

Sheep Electronic Identification (EID) Central Point Recording Centre Application Form CPRC A1 (England and Wales)

	perator's/Applicant's ame							
County Parish Holding (CPH) number of premises								
OS Map Reference								
A	ddress of Operator							
_		Postcode						
	elephone Number							
	ddress of Premises different from above)							
`	,							
		Postcode						
Te	elephone Number							
Name of Site Manager			Tolor	ohono No				
(if different from above)		Telephone No.						
Email address:								
Type of Premises (tick appropriate box)		AGO approved premises						
Contact name of FSA inspector (if applicable)			phone No.					
Condition (For further details please refer to accompanying requirements for CPRCs, ac (voluntary) Contingency Plans)			d for	Confirm condition is/will be met	Confirm support information is attached	For official use only: Information confirmed		
1	Disease Control Premises is either AG							
2		Contingency Plan (agreed in writing) with the Local Authority is hed or will be made available to APHA						
3	Daily EID scanning data will be quality assured and retained for three years and made available to authorised inspectors if requested							
4	Written Terms and Co communicated to cust							
5	Transmission of CPR requisite deadlines							
6	Transmission of CPR requisite deadlines	ne						
7	Training of staff in the undertaken/recorded							

8 Reading equipme							
Declaration of Applicant:							
I am authorised to act as representative of the organisation named in this application and I will comply with the approval conditions 1 – 8 above as appropriate. I shall immediately notify APHA should approval conditions no longer be met. I agree, as part of this approval, to the publication of the details of this CPRC (without any contact details) on the public website list maintained by APHA.							
Signature		Posi	tion				
Name in BLOCK LETTERS		Date	9				
DATA PROTECTION For information on how we nformation Charter.D	ve handle personal data please go to www.gov.uk and se	arch A	Animal and Pla	nt Health Agency	Personal		
For Official Use (Only						
Confirm:							
Premises has releva	nt approval (AGO/FSA)						
All supporting inform	ation provided is acceptable and confirmed (deta	il)					
The information prov	The information provided indicates compliance with the approval conditions						
Where a Contingenc	y Plan is supplied the LA has confirmed its appro	val of	f that plan				
Section A - Appro	oval Issued						
I am authorised to issue approval of this premises as a Central Point Recording Centre i.e. as a holding of destination for the purpose of recording individual animal codes on behalf of the keeper of the holding of departure.							
To the best of my kn	owledge this premises is suitable for approval as	a CP	PRC.				
Approval of this pren	nises as a CPRC is confirmed.						
Approval conditions	must continue to be met.						
Signature			Official Add	dress			
Name in BLOCK LETTERS							
Date							
Position							
Send original copy to	applicant, copy (1) to local file/Sam record with	suppo	orting docum	entation (2) Loc	cal Authority		

IRA31 (Rev. 05/18)

OFFICIAL-SENSITIVE

Section B - Unsuitable for Approval

Statement of authorised officer:

Based on this application I do not recommend approval of this premises as a Central Point Recording Centre (i.e. as a holding of destination for the purpose of recording individual animal codes on behalf of the keeper of the holding of departure) because:

Additional information is needed from applicant or from other agency (specify details here)								
Further enquiries	or inspe	ction is required (spec	ify below)					
	<u>-</u>							
Dromings or prope	and mat	thad of approximation is no	t compliant with	, the fe	Mowing	nnroval	condition/o) and/or
		thod of operation is no specify all that apply be						
	-					-	-	
Other Comments								
Other Comments								
Signature					Official A	ddress		
Name in								
BLOCK LETTERS								
Date								
Dute								
Position								
Send original to ann	licant co	opy (1) to local file/Sam	with supporting o		entation (2) Local A	uthority	
Cond original to app	moarn, oc	opy (1) to local me/Gam	with supporting t	doddino	mation (2) 200ai 71	attronty.	
APHA is an Executiv	e Agency Governm	of the Department for Environent and Food Standards Ag	onment, Food and I sency to safeguard a	Rural Aff animal a	airs and als	so works or alth for the	n behalf of the s benefit of peor	Scottish
,		environm	nent and the econor	ny.	,			.,
HM3 Stamp	Name:		Date Received:			WS ID:		\neg
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