

**FORM OF APPLICATION FOR REGISTRATION (BLR FORM 01)**

DATE: \_\_\_-\_\_\_-\_\_\_\_ (Day / Month / Year)

**TO:** Belize Agricultural Health Authority

**TYPE OF ESTABLISHMENT:**

CODE	TYPE OF ESTABLISHMENT	CODE	TYPE OF ESTABLISHMENT
1	Farms, Ranches and similar establishment	12	Centers for necropsy and diagnosis
2	Slaughterhouse and Processing Plant	13	Center for Collection of dead animals
3	Municipal Slaughterhouse	14	Transit Corral
4	Assembly center, auction sale	15	Zoo
5	Agriculture show and Fair, sporting events	16	Rendering Plants
6	Market	17	Communal
7	Dairy Plants	18	Feed mills
8	Dairy Depot	19	Meat Shop
9	Research Centre	20	Other establishment:
10	Breeding center	21	Butcher
11	Quarantine station, Border posts		

**NAME OF ESTABLISHMENT:** \_\_\_\_\_

**ESTABLISHMENT LOCATION:** \_\_\_\_\_

Community: \_\_\_\_\_ District: \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**COMPANY REPRESENTATIVE (PARTY RESPONSIBLE FOR ALL MATTERS DEALING WITH REGISTRATION)**

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

**TELEPHONE:** \_\_\_ \_\_\_ - \_\_\_\_ - \_\_\_\_ ; \_\_\_\_ - \_\_\_\_

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

**TAGGER OR PERSON RESPONSIBLE:** \_\_\_\_\_

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

**PLEASE FORWARD THIS APPLICATION TO BLR, P.O. BOX 183,**

**TELEPHONE/FAX 822 – 3883**

