

## **Official Tag Allocation**

Tag Recipient						
Name				Ranch Name / Office Name		
Premises Address				Mailing Address (if different from premises)		
Premises City / State / ZIP				Mailing City / State / ZIP		
Premises County				Mailing County		
Phone				Premises Identification Number (PIN) or Location Identifier (LID)		
Tag Numbers Distributed	1					
Starting Number				Ending Number		# of Tags
Tag Distributor						
Date Distributed Tags Supplied By			d By		PIN or LID of Distributor	
Comments					<u> </u>	
TAHC Staff Use Only						
Date Entered				Entered By		

Please submit the completed form via email to the TAHC Animal Disease Traceability Department at <a href="mailto:animal\_id@tahc.texas.gov">animal\_id@tahc.texas.gov</a>.