



LMI: _____

Livestock Management Incentive
Funded by the Navajo Nation Agriculture Infrastructure Fund

Qualification Requirements:

- Navajo Nation Grazing Permit
- Driver License/ID
- W-9 Form
- Grazing Compliance
- Livestock Inventory
- Social Security Card
- Navajo Certificate of Indian Blood (NCIB)

Section 1 – Personal Information **Attach copy DL/ID, SS Card, & NCIB

Name _____ Phone No. _____
(As Printed on Social Security Card)

Mailing Address _____
City _____ State _____ Zip Code _____

Email _____ DL/ID No. _____ SS No. _____

Section 2 – Grazing Permit Information **Attach Copy of Grazing Permit

Permit No. _____ Authorized Sheep Units (SU) Horses _____ Sheep _____ Total _____
District _____ Location of Grazing Area _____

Section 3 – Range Utilization Information **Attach Livestock Inventory

Attach Livestock Inventory. To qualify, the applicant must be within the authorized horse and sheep units and not have received any notice of violations.

Condition of Range: Severe Poor Good Excellent

Section 4 – Herd Management Information **Attach copy of sales receipt(s).

List Livestock sale dates and number of livestock sales Per Head (PH).

Sale Date _____	Location _____	Per Head Sold _____
Sale Date _____	Location _____	Per Head Sold _____
Sale Date _____	Location _____	Per Head Sold _____
Sale Date _____	Location _____	Per Head Sold _____
Sale Date _____	Location _____	Per Head Sold _____

Comment(s) _____

By signing this application, I certify all information is true and correct to the best of my knowledge.

Applicant Signature

Date

**** OFFICIAL USE – NAVAJO NATION DEPARTMENT OF AGRICULTURE ****

☐ **DENIED** Reason(s) _____

☐ **APPROVED** The applicant has satisfied all the requirements to receive an incentive payment.

Incentive Amount _____ Per Garden Project No. _____.

Did the applicant receive an incentive in previous years? If yes, please indicate the year(s) _____

NNDA Staff Signature

Date

National Premises ID Application
USDA Animal Disease Traceability Registration
For Bison, Cattle, Goats, Poultry, Sheep, and Swine

Business/Farm Name: _____

Primary Contact: _____

Premise Owner's First Name, Middle Name, and Last Name

Secondary Contact: _____

First Name, Middle Name, Last Name, and Phone Number

Business/Farm Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone #s: Business _____ Home _____ Cell: _____ Fax: _____

Email Address: _____

Business Type: ☐ Individual ☐ Partnership ☐ Incorporated ☐ Limited Liability Corporation

(Check One) ☐ Limited Liability Partnership ☐ Non-Profit Organization

Operation Type— (Choose One or Two That Mostly Apply to the Entire Business)

<input type="checkbox"/>	Production Unit Farm, Ranch, Flock, Feedlot, Hunting, Leased Hobby Farm, 4H / FFA show animals etc.	<input type="checkbox"/>	Exhibition Center Animal Show or Exhibition (e.g. State Fair, National Show, Rodeo Grounds, Roping Arena, etc.)	<input type="checkbox"/>	Non- Producer Participant Records animal info and has no association with the animals (e.g. AIN Manager)	<input type="checkbox"/>	Rendering Location where animals that died at the farm or in-transit are processed
<input type="checkbox"/>	Clinic Location where animals are examined or treated by a veterinarian	<input type="checkbox"/>	Laboratory Location where animal diagnostic samples are tested	<input type="checkbox"/>	Port of Entry Location where animals are allowed to enter into the United States	<input type="checkbox"/>	Slaughter Plant Location where animals are terminated for consumption
<input type="checkbox"/>	Tagging Site Location where animals are tagged with an official USDA-approved ID device	<input type="checkbox"/>	Market/ Collection Point Livestock market/auction or collection point where animals are sold	<input type="checkbox"/>	Quarantine Facility Location where animals are quarantined.	<input type="checkbox"/>	Other Please explain:

Premises Information

This is the primary location where the livestock resides. If you have more than one location and animals are managed separately, you may apply for multiple premises ID numbers.

Premises Name/Description: _____

(E.g. home place, heifer place, etc.)

Premises Address: Check this box if it's the same as the business/farm mailing address above. ☐

Or, if not the same as the business/farm mailing address:

Premises Physical Address: _____

City: _____ State: _____ Zip: _____ County: _____

Legal Land Description: _____
(Required if no premises address) Township, Range, and Section

Decimal GPS Coordinates: Latitude: _____ Longitude: _____

If mail is not routinely delivered to the Premises Address, please give driving directions from the closest main intersection. From the intersection of _____ and _____

Go		N		NE		E		SE			Miles		Feet
		S		SW		W		NW					
Then		N		NE		E		SE			Miles		Feet
		S		SW		W		NW					
Then		N		NE		E		SE			Miles		Feet
		S		SW		W		NW					
Premises is		N		E	Side of the road								
Located		S		W									

Existing Arizona Flock ID Number (if applicable): _____

AZ Brand Number: _____

Issued Breed Association Herd Number: _____

Business Owner's Signature: _____ Date: _____

Applications can be faxed to 602-542-4290, emailed to cvi@azda.gov, or mailed to:

Arizona Department of Agriculture
Attn: State Vet's Office
1802 W Jackson St, #78
Phoenix, AZ 85007

For questions, call the State Veterinarian's Office at 602-542-4293.