

AN ROINN TALMHAIOCHTA, IASCAIGH AGUS BIA - DEPARTMENT
OF AGRICULTURE, FISHERIES & FOOD

Livestock (Artificial Insemination) Act 1947

Livestock (Artificial Insemination) Regulations 1948

Application for a DIY AI Training Course Licence

New/Renewal

1. PARTICULARS OF APPLICANT'S BUSINESS

- (a) Trade Name _____
Trade Address _____

(b) Telephone No. _____
(c) Fax. No. _____
(d) E-mail address _____
(e) Company Reg. No. _____
(f) VAT Reg. No. _____

Status of Business:

Limited company

Co-operative

Partnership

Sole Trader

(g) Address where the business will be carried out (All records must be kept at this location to be made available for inspection by the Department when required):



(h) Location of Registered office:

(i) If a **Limited Company or Co-operative**, state Name(s) and Address(es) of Director(s) and Company Secretary

(j) If a **Partnership**, state Name and Address of each partner:

2. PARTICULARS OF APPLICANT(S)

(a) Name and address of applicant(s):

(b) Name and Address to which all correspondence concerning the licence should be forwarded



(c) Is the premises to be used for or in connection with any other purpose or business?

YES **NO**

If **yes**, please specify:

(d) Is the premises wholly owned by the applicant?

YES **NO**

If **no**, please give details of ownership and any lease/letting agreement:

A copy of any lease/letting agreement **must** accompany this form

TRAINING COURSE DETAILS

PERSONNEL INVOLVED			
Office Staff:			
<i>Name</i>	<i>Duty/Role</i>	<i>Contact Tel. No.</i>	
A.I. Instructors:			
<i>Name</i>	<i>A.I. Licence No. (if applicable)</i>	<i>Details of A.I. experience to date</i>	<i>Contact Tel. No.</i>
Centre Vet/Supervising Vet(s)			
<i>Name</i>	<i>Duty/Role</i>	<i>Contact Tel No.</i>	



Any additional information/comments: _____

Documentation to accompany this application:

- Copy of training course manual, teaching aids etc.*
- Copy of Training Course Certificate to be issued to successful trainees showing the following details:*
 - (1) Name and full postal address of trainee.*
 - (2) Dates and Venues of Lectures, Demonstrations and Practical Sessions*

**I confirm that all DIY AI Training Courses organised by
(name of organization)
..... will be conducted and carried out in accordance with all
the Conditions which attach to a DIY AI Training Licence as specified in the
Department of Agriculture, Fisheries and Food Schedule of Conditions for a DIY
AI Training Course Licence.**

Signed: _____
(Manager of Organisation)

Date: _____

