



Department of  
**Agriculture, Fisheries and Food**  
An Roinn  
**Talmhaíochta, Iascaigh agus Bia**

Form DAFAAReg 1

## Application to register as an Agriculture Agent

**Panel A - Agent details.** *To be completed by the agent (employee). All fields are mandatory Please use Block Capitals.*

**Personal Details**

**Personal Public Services Number (PPS No)**

Format of PPS No is 7 numbers followed by 1 or 2 letters as printed on any correspondence from the Revenue Commissioners or Department of Social and Family Affairs.

**Title:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Gender:** Male  Female  **Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Agency details**

**Name of agency that you are employed by** \_\_\_\_\_

Please ask your manager to complete the form overleaf.

**Address of Agency:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

If mobile given, do you wish to receive SMS messages? **Yes**  **No**

**Fax No:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Your Agriculture Agent number will be issued to this email address

**Qualifications**

**Please state your agriculture qualifications** \_\_\_\_\_

**Are you qualified to prepare and submit REPS Plans?** **Yes**  **No**  **REPS Planner Number** \_\_\_\_\_

Have you any other registration with the Department of Agriculture & Food? **Yes**  **No**   
e.g. Herd Owner, REPS Applicant, etc. If yes, please quote any reference number(s) you may have below.

\_\_\_\_\_

I wish to apply to the Department of Agriculture & Food

- ✓ to be registered as an Agriculture Agent;
- ✓ to be registered for access to the Department's Single Sign On system
- ✓ to be granted the authority to submit SPS application forms online on behalf of my clients.

**Applicant's Declaration**

*I hereby apply to be registered with the Department of Agriculture & Food as specified above.*

*I acknowledge that the data to which I will have access is confidential and is covered by the Data Protection Acts 1998 and 2003. I understand that this information is made available to me for the purposes of submitting SPS applications forms online on behalf of my clients. I undertake to use the information solely for the purposes for which it is intended and not to disclose it to third parties.*

*I confirm that I will keep my log-on details confidential and will not disclose them to a third party.*

*I confirm that the information on this form is correct to the best of my knowledge and that it refers to me.*

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please return this form to*  
**On-Line Services Section,**  
**Department of Agriculture, Fisheries & Food,**  
**Government Offices,**  
**Portlaoise,**  
**Co Laois.**

If you have any queries in relation to the form, please contact this unit at  
Lo call Number **1890 252 118**

