



European Communities Regulation No. (EC) 852/2004 of the European
Parliament and of the Council of 29 April 2004 laying down the
requirements for food hygiene

Registration Application Form for Primary Producers of Food

Section A

Please complete this Section A if the business is not a registered company with
the Company Registration Office (i.e. you are an Individual or Sole Trader)

Title (Mr, Ms, Dr, etc)	
Forename(s)	
Surname	
Address	
PPS no.	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth	Day _____ Month _____ Year _____
Nationality	
Language**	English <input type="checkbox"/> Irish <input type="checkbox"/>
Telephone No	Landline: Mobile: SMS Messaging*** <input type="checkbox"/>
Fax No	
E mail address	
Please indicate any Department ID number/s	

** Language for future correspondence

*** Please tick this box if you wish to receive messages from the Department on
your mobile phone

Section B

Please complete this Section B if the business is a registered company

Company Name	
Address	
Contact Name	
VAT no.	
CRO no.*	
Nationality	
Language**	English <input type="checkbox"/> Irish <input type="checkbox"/>
Telephone No	Landline: Mobile: SMS Messaging*** <input type="checkbox"/>
Fax No	
E mail Address	
Please indicate any Department ID number/s	

* Company Registration Office Number

** Language for future correspondence

*** Please tick this box if you wish to receive messages from the Department on your mobile phone

Section C

All applicants should complete the relevant part(s) of Section C

I hereby wish to apply for registration under the above-mentioned legislation for the following activities (please tick and complete appropriate boxes):

Farming Activities

Type of livestock production	Please tick		Type of livestock production	Please tick		Type of crop production	Please tick
Poultry	<input type="checkbox"/>		Goats	<input type="checkbox"/>		Forage	<input type="checkbox"/>
Dairy	<input type="checkbox"/>		Pigs	<input type="checkbox"/>		Cereal	<input type="checkbox"/>
Beef	<input type="checkbox"/>		Horses	<input type="checkbox"/>		Horticulture	<input type="checkbox"/>
Sheep	<input type="checkbox"/>		Fish	<input type="checkbox"/>		Other (specify)	
Deer	<input type="checkbox"/>		Other (specify)				

Declaration, under Article 6 (2), of Regulation (EC) 852/2004

The information given above in respect of this application is, to the best of my knowledge and belief, true.

Name (print) _____

Signed _____ Date _____

Please complete this form with due care and return to:

Food Safety Liaison Unit,
Department of Agriculture & Food
Agriculture House,
Floor 7 West
Kildare Street,
Dublin 2.

Alternatively,

You can e.mail the completed form to the following address:

foodhygiene@agriculture.gov.ie