

# Application to register as an Agriculture Agent

**Panel A - Agent details. To be completed by the agent. 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 Protection.

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

**Gender:** Male ☐ Female ☐ **Date of Birth:** \_\_/\_\_/\_\_ **Mobile No:** \_\_\_\_\_  
If mobile given, do you wish to receive SMS messages? **Yes** ☐ **No** ☐

**Email Address:** \_\_\_\_\_

Your Agriculture Agent number will be issued to this email address

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

**Qualifications**

**Please state your agricultural qualification(s)** \_\_\_\_\_

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

**AGT** \_\_\_\_\_

**Agency details**

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

Please ask your manager to complete the form overleaf.

I wish to apply to the Department of Agriculture, Food & the Marine

- ✓ 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 application forms online on behalf of my clients for:

Basic Payment Scheme/Greening/Areas of Natural Constraints	<input type="checkbox"/>	Pig and Poultry Specialised Equipment Scheme	<input type="checkbox"/>
Young Farmer Capital Investments Scheme	<input type="checkbox"/>	Dairy Equipment Scheme	<input type="checkbox"/>
Low Emission Slurry Spreading Equipment Scheme	<input type="checkbox"/>	Animal Welfare and Farm Safety Scheme	<input type="checkbox"/>
Organic Capital Investment Scheme	<input type="checkbox"/>	Animal Housing and Nutrient Storage Scheme	<input type="checkbox"/>
Organic Farming Scheme	<input type="checkbox"/>	Green Low-carbon Agri-environment Scheme (GLAS)	<input type="checkbox"/>

**Applicant's Declaration**

*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 application forms online on behalf of my clients for the Schemes indicated above. 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 agree to indemnify the Minister for Agriculture, Food and the Marine from any losses, damages, liabilities, costs and expenses (including necessary legal expenses) arising out of injury, loss or damage to any person whatsoever, resulting from or in any way connected with or arising out of the use of the Department's Single Sign On System or the use of any data provided by the Department by whatsoever means by myself, my servants or agents. I confirm that the information on this form is correct to the best of my knowledge and that it refers to me. I hereby declare that I am aware of the attached Terms and Conditions pertaining to this application and agree to comply fully with these requirements.*

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

**Please return this form to**  
**On-Line Services Section,**  
**Department of Agriculture, Food & the Marine**  
**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** or **0761 064424**

## Department of Agriculture, Food & the Marine Agriculture Agency Registration Form

**Agency Details** Please complete Panel B or C below and sign the declaration at Panel D. This page to be completed by the Company Manager.

**Panel B.** Please complete if the Agency is already registered with the Department. Please use **Block Capitals**.

If the Agency has already been registered with the Department, please quote your Agriculture Agency Number and Agency Name.

**Agriculture Agency Number:** AGY\_\_\_\_\_

This will have been issued to you by the Department of Agriculture Food & the Marine if your company has already been registered as an Agriculture Agency.

**Agency Name:** \_\_\_\_\_

**Panel C.** Please complete if the Agency is not registered with the Department. Please use **Block Capitals**.

Is the Agency a Company or an Individual/Sole Trader?      Company ☐      Individual/Sole Trader ☐

Please complete these fields for Company

**VAT Number:** \_\_\_\_\_

**CRO Number:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Trading Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

Please complete these fields for Individual/Sole Trader

**PPS Number:** ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

**First Name:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Please complete the remaining fields below in either situation

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

\_\_\_\_\_

\_\_\_\_\_

**Telephone No:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_ Please tick if you wish to receive SMS messages ☐

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

Please complete tick boxes below:

I confirm that this agency has Professional Indemnity Insurance. ☐

And I enclose proof of same with this application. ☐

**Panel D. Declaration.** You must complete this panel.

I acknowledge that the data to which the agency will have access is confidential and is covered by the Data Protection Acts 1998 and 2003. The agency understands that this information is made available to it for the purposes of submitting application forms online on behalf of its clients for the Schemes indicated above. The agency undertakes to use the information solely for the purposes for which it is intended and not to disclose it to third parties. I confirm that the agency will keep all log-on details confidential and will not disclose them to a third party. The agency agrees to indemnify the Minister for Agriculture, Food and the Marine from any losses, damages, liabilities, costs and expenses (including necessary legal expenses) arising out of injury, loss or damage to any person whatsoever, resulting from or in any way connected with or arising out of the use of the Department's Single Sign On System or the use of any data provided by the Department by whatsoever means by the agency, its servants or agents. I confirm that the information on this form is correct to the best of my knowledge and that it refers to the agency. I hereby declare that I am aware of the attached Terms and Conditions pertaining to this application and the agency agrees to comply fully with these requirements.

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

**Position held in Company** \_\_\_\_\_

**Company Stamp or Seal**

Your Agriculture Agency Number will be issued to you after successful registration in DAFM. All future employees of the agency, when applying for registration with the Department, should quote this number.

For Official Use Only - CCS		For Official Use Only - SSO	
Agent Number Assigned		Form & CCS match	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Letter/email issued to Agent		Login Assigned	
Agency Number Assigned		Authority allocated	
Date Letter/email issued to Agency		Registered by	
Registered by		Date registered	
Date registered			

## **Terms and Conditions of Use of the Department of Agriculture, Food and Marine's Single Sign on System**

1. The Minister for Agriculture, Food and the Marine grants access to Agriculture Agents/Agency to the Department's Single Sign On System solely for the purposes of submitting Basic Payment Scheme applications and/or the schemes listed below on behalf of clients of the Agent/Agency :

**Animal Housing and Nutrient Storage Scheme**  
**Animal Welfare and Farm Safety Scheme**  
**Basic Payment Scheme/Greening/Areas of Natural Constraints**  
**Dairy Equipment Scheme**  
**Green Low-carbon Agri-environment Scheme (GLAS)**  
**Low Emission Slurry Spreading Equipment Scheme**  
**Organic Capital Investment Scheme**  
**Organic Farming Scheme**  
**Pig and Poultry Specialised Equipment Scheme**  
**Young Farmer Capital Investments Scheme**

2. The Minister reserves the right to refuse or withdraw access to the Department's Single Sign On System.
3. In the event that the Minister withdraws access to the Department's Single Sign On System from any agent or agency, that agent/agency will be notified and may appeal that decision within 14 days to the Minister.
4. The Agriculture Agent/Agency understands that in the event that a client of the agent/agency instructs the Minister to remove that client from the list of clients associated with an agent/agency, the Minister will remove that client from the list of clients associated with an agent/agency.