

## NLIS RFID RAPIDTAG ORDER FORM - SHEEP

### RETAILER DETAILS:

\* PIC Mandatory. Tags will not be produced for management (Non-NLIS) purposes.

Retailer
Delivery Address (if not the retailer)

Retailer Purchase Order Number
Contact Name
Contact Number

### PRODUCER DETAILS:

### PROPERTY IDENTIFICATION CODE (PIC)\*:

Producer Name									
PIC Property Address <small>(Postal address mandatory for WA producers)</small>									
Email for tag bucket file									
Phone Number							Person ID (Tasmanian Producers only)		

**Note: RapidTags can only be ordered in multiples of 20.**

<b>Please Tick:</b> <input type="checkbox"/> Sheep	<b>Tag colour:</b> <input type="checkbox"/> 2024 <b>BLACK</b> <input type="checkbox"/> 2025 <b>WHITE</b> <input type="checkbox"/> 2027 <b>LIGHT GREEN</b> <input type="checkbox"/> 2028 <b>PURPLE</b> <input type="checkbox"/> <b>PINK</b> (Post Breeder) <input type="checkbox"/> <b>BROWN</b> (Non-NLIS)	<input type="checkbox"/> 2026 <b>ORANGE</b> <input type="checkbox"/> 2029 <b>YELLOW</b> <input type="checkbox"/> 2030 <b>RED</b> <input type="checkbox"/> 2031 <b>BLUE</b>
	<b>Symbols (if required):</b> <input type="checkbox"/> <b>V</b> – Vaccinated <input type="checkbox"/> <b>T</b> – Terminal <input type="checkbox"/> <b>S</b> – Scabby Guard	

### TAG LAYOUT OPTIONS – Please mark layout required on the reverse of this form

**ACCESSORIES:** please mark quantity

RapIDMatic Applicator – <b>GREEN</b> [22142]	RapIDTagger Applicator – <b>BLUE</b> [22143]
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**FREIGHT:** please tick preferred method of delivery

<input type="checkbox"/> Standard Australia Post (Default)	<input type="checkbox"/> StarTrack Air
<input type="checkbox"/> StarTrack Road	<input type="checkbox"/> Express Post

### RETAILER USE ONLY:






I certify that this order is in accordance with the NLIS Sheep & Goat Regulations.	Signature (Retailer):	Date:
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### TAG LAYOUT OPTIONS:

**NLIS Number: Please select either AUTOFLOW or SPECIFIC START NUMBER. If left blank "DO NOT REMOVE" will be printed instead.**

If choosing Specific Start Number first character can be numeric or alpha – excluding **O, I, S** or **L** – followed by a four digit number range.

<p><b>Male End:</b> Management Number</p> <p>9.0MM  4.0MM</p> <p><input type="checkbox"/> Print layout as above      <input type="checkbox"/> Print reverse of above layout</p>	<p><b>Female End:</b> NLIS Number</p> <p><input type="checkbox"/> Specific Start Number</p> <p><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p> <p>OR</p> <p><input type="checkbox"/> AUTOFLOW</p>	<p>Quantity (multiples of 20)</p>
<p><b>Male End:</b> Text (1 Line of Print)</p> <p>7.0MM  4.0MM</p> <p><input type="checkbox"/> Print layout as above      <input type="checkbox"/> Print reverse of above layout</p>	<p><b>Female End:</b> NLIS Number</p> <p><input type="checkbox"/> Specific Start Number</p> <p><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p> <p>OR</p> <p><input type="checkbox"/> AUTOFLOW</p> <p><input type="checkbox"/> Line 1 _____</p>	<p>Quantity (multiples of 20)</p>
<p><b>Male End:</b> Text (2 Lines of Print)</p> <p>4.0MM  4.0MM</p> <p><input type="checkbox"/> Print layout as above      <input type="checkbox"/> Print reverse of above layout</p>	<p><b>Female End:</b> NLIS Number</p> <p><input type="checkbox"/> Specific Start Number</p> <p><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p> <p>OR</p> <p><input type="checkbox"/> AUTOFLOW</p> <p><input type="checkbox"/> Line 1 _____</p> <p><input type="checkbox"/> Line 2 _____</p>	<p>Quantity (multiples of 20)</p>
<p><b>Male End:</b> Text over Management Number</p> <p>4.0MM  4.0MM</p> <p><input type="checkbox"/> Print layout as above      <input type="checkbox"/> Print reverse of above layout</p>	<p><b>Female End:</b> NLIS Number</p> <p><input type="checkbox"/> Specific Start Number</p> <p><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p> <p>OR</p> <p><input type="checkbox"/> AUTOFLOW</p> <p><input type="checkbox"/> Line 1 _____</p> <p><input type="checkbox"/> Line 2 _____</p>	<p>Quantity (multiples of 20)</p>
<p><b>Male End:</b> Lamb Plan/Merino Select Tag Number</p> <p>9.0MM  4.0MM</p> <p><input type="checkbox"/> Print layout as above      <input type="checkbox"/> Print reverse of above layout</p>	<p><b>Female End:</b> NLIS Number</p> <p><input type="checkbox"/> Specific Start Number</p> <p><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p> <p>OR</p> <p><input type="checkbox"/> AUTOFLOW</p> <p><input type="checkbox"/> Lamb Plan/Merino Select Tag Specific Start Number (if applicable)</p> <p><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p>	<p>Quantity (multiples of 20)</p>

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