

## NLIS RFID RAPID EVO TAG ORDER FORM - GOAT

### 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:

Producer Name		PROPERTY IDENTIFICATION CODE (PIC)*:							
PIC Property Address <small>(Postal address mandatory for WA producers)</small>									
Email for tag bucket file		FARM EMAIL / MOBILE no. required for BONUS Tags OFFER							
Phone Number				Person ID (Tasmanian Producers only)					

**Note: Rapid EVO Tags can only be ordered in multiples of 20.**

<b>Please Tick:</b> <input type="checkbox"/> Goat	<b>Tag colour:</b>		
	<input type="checkbox"/> 2024 <b>BLACK</b>	<input type="checkbox"/> 2025 <b>WHITE</b>	<input type="checkbox"/> 2026 <b>ORANGE</b>
	<input type="checkbox"/> 2027 <b>GREEN</b>	<input type="checkbox"/> 2028 <b>PURPLE</b>	<input type="checkbox"/> 2029 <b>YELLOW</b>
	<input type="checkbox"/> <b>PINK</b> (Post Breeder)		<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

<input type="text"/>	RAPID Evo APPLICATOR (Manual Applicator)– GREY/ORANGE [22162]	<input type="text"/>	RAPIDMATIC Evo (Auto APPLICATOR)– GREY/ORANGE [22161]
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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
<input type="checkbox"/>		<input type="checkbox"/>	

### RETAILER USE ONLY:

I certify that this order is in accordance with the NLIS Sheep & Goat Regulations.	Signature (Retailer):	Date:
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**ALLFLEX CLUB - BONUS TAG OFFER** I have discussed the offer with producer and they have consented to participate in the Allflex Club BONUS tags Offer, to provide their personal details to Allflex and to receive phone calls, SMS and electronic messages from Allflex (some of which may be promotional in nature)

Tick to confirm acceptance  
of 10% BONUS OFFER  
YES [ ] NO [ ]

## 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.

<b>Male End:</b> Management Number   <input type="checkbox"/> Print layout as above <input type="checkbox"/> Print reverse of above layout	<b>Female End:</b> NLIS Number  <input type="checkbox"/> Specific Start Number <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <b>OR</b> <input type="checkbox"/> <b>AUTOFLOW</b>	<b>Quantity</b> (multiples of 20)  
<b>Male End:</b> Text (1 Line of Print)   <input type="checkbox"/> Print layout as above <input type="checkbox"/> Print reverse of above layout	<b>Female End:</b> NLIS Number  <input type="checkbox"/> Specific Start Number <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <b>OR</b> <input type="checkbox"/> <b>AUTOFLOW</b>  <input type="checkbox"/> Line 1 _____	<b>Quantity</b> (multiples of 20)  
<b>Male End:</b> Text (2 Lines of Print)   <input type="checkbox"/> Print layout as above <input type="checkbox"/> Print reverse of above layout	<b>Female End:</b> NLIS Number  <input type="checkbox"/> Specific Start Number <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <b>OR</b> <input type="checkbox"/> <b>AUTOFLOW</b>  <input type="checkbox"/> Line 1 _____ <input type="checkbox"/> Line 2 _____	<b>Quantity</b> (multiples of 20)  
<b>Male End:</b> Text over Management Number   <input type="checkbox"/> Print layout as above <input type="checkbox"/> Print reverse of above layout	<b>Female End:</b> NLIS Number  <input type="checkbox"/> Specific Start Number <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <b>OR</b> <input type="checkbox"/> <b>AUTOFLOW</b>  <input type="checkbox"/> Line 1 _____ <input type="checkbox"/> Line 2 _____	<b>Quantity</b> (multiples of 20)  
<b>Male End:</b> Lamb Plan/Merino Select Tag Number   <input type="checkbox"/> Print layout as above <input type="checkbox"/> Print reverse of above layout	<b>Female End:</b> NLIS Number  <input type="checkbox"/> Specific Start Number <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <b>OR</b> <input type="checkbox"/> <b>AUTOFLOW</b>  <input type="checkbox"/> Lamb Plan/Merino Select Tag Specific Start Number (if applicable) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	<b>Quantity</b> (multiples of 20)  

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