

USDA, AMS, Dairy Programs
Market Administrator
PO Box 491778, Lawrenceville, GA 30049
(770) 682-2501

Designation of Persons Authorized to Sign Handler Reports

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0032. The time required to complete this information collection is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

UNITED STATES DEPARTMENT OF AGRICULTURE
 AGRICULTURAL MARKETING SERVICE DAIRY PROGRAMS
 MARKET ADMINISTRATOR
 Federal Orders 6 and 7
 P.O. Box 491778, Lawrenceville, Georgia 30049

DESIGNATION OF PERSONS AUTHORIZED TO SIGN HANDLER REPORTS

The following person or persons are hereby designated to sign report forms submitted as a handler under the orders shown above. This designation is to be made by the owner, in the case of an individual proprietorship; by a partner, in the case of a partnership; by an officer, in the case of a corporation; or by a trustee or receiver who has been appointed by or with the consent of a court of law.

<u>AUTHORIZED NAME</u>	<u>TITLE</u>	<u>SIGNATURE</u>	CHECK REPORTS AUTHORIZED TO SIGN		
			<u>Receipt & Utilization</u>	<u>Producer Payroll</u>	<u>Other*</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* Indicate "all" for any person who is designated to sign all reports.

OFFICIAL COMPANY NAME: _____ ADDRESS: _____
 (City and State)

PARENT COMPANY: _____ DATE: _____

SIGNED: _____ TITLE: _____
 (Signature of Authorizing Agent)