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FORM	APPROVED	- OMB NO	0581-0198

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UNITED STATES DEPARTMENT C AGRICULTURAL MARKET		respond to a collection collection is 0581-01	on of information unle 98. The time requi	ess it displays a valid OMB red to complete this inform	control nui nation colle	mber. The valid OMB co ction is estimated to av	and a person is not required to ontrol number for this information erage 30 minutes per response the data needed, and completing
APPLICATION FOR CEF OF ORGANIZAT		and reviewing the co activities on the basis beliefs, parental statu require alternative me Center at (202) 720-	Illection of informations of race, color, nations, or protected gene eans for communicate 2600 (voice and TDI 14th and Independe	n. The U.S. Department o onal origin, gender, religion etic information. (Not all pr ion of program information )). To file a complaint of di nce Ave., SW, Washington	of Agricultur n, age, disa ohibited bas (Braille, larg iscrimination	e (USDA) prohibits disci bility, sexual orientation, ses apply to all program ge print, audiotape, etc.) n, write USDA, Director,	rimination in all its programs and marital or family status, politice s.) Persons with disabilities who should contact USDA's TARGE Office of Civil Rights, Room 326 5964 (voice and TDD). USDA i
NOTE: Information is collected seedstock producers, feeders Information Board (Board). Ap	and first handlers to se	rve as members of	the Lamb Prom	•	organiz		ropriate block for which you are applying for ne box):
Organizations must apply for nominations of lamb producer Board as provided in the Lan response to all items must be c	rs, seed stock producers mb Promotion, Researc	s, feeders and first h ch, and Information	nandlers to serve n Order. Inform	e as members of the	-		oducer edstock Producer
response to all items must be complete. Please type or print clearly. Send original only to: Marketing Programs Branch Livestock and Seed Program, AMS U.S. Department of Agriculture 1400 Independence Avenue, SW, Stop 0251, Room 2628-S			5	Feeder First Handler			
Washington, DC 20250-0251   1. NAME AND ADDRESS OF ORGANIZATION (Include street address or P.O. Box No., City, State, ZIP)   2. TELEPHONE							
3. TYPE OF ORGANIZATION							
(State, Regional, National)			5. NUMBER OF ACTIVE MEMBERS E LAMB PRODUCTION FEEDING OR SLA (Most RECENT FULL calendar year)				RCHASE OF LAMB BY
	In Numl	ber	ln	Number		As of Jan. 1,	Number
7. AS EVIDENCE OF THE STABILITY A	ND PERMANENCY OF THE C	ORGANIZATION, GIVE:					
A. Number of years in existence	B. Numb	er of active member	s during each of	the last four calendar	years:		
	CALENDAR	YEAR 🔶					
	NUMBER _	$\rightarrow$					
C. Other evidence (Explain):							
8. LIST THE SOURCE(S) FROM WHIC	H THE ORGANIZATION'S OP	ERATING FUNDS ARE L	DERIVED:				
9. DESCRIBE THE FUNCTIONS OF TH	E ORGANIZATION:						
10. DESCRIBE THE ORGANIZATION'S	ABILITY AND WILLINGNESS	TO FURTHER THE PUR	POSE AND OBJECT	VES OF THE LAMB PROM	OTION, RE	SEARCH, AND INFORM	ATION ORDER:
11. DESCRIBE THE GEOGRAPHIC TER	RITORY COVERED BY THE AG	CTIVE MEMBERSHIP OF	THE ORGANIZATIO	DN.:			
12. DESCRIBE THE NATURE OR MAK FIRST HANDLERS IN THE STATE OR G					PRODUCE	RS, SEEDSTOCK PR	ODUCER, FEEDERS, AND
		CERTIFICA	TION STATEN	IENT			

I hereby certify that: (1) an interest of this organization is in the production or marketing of lamb or lamb products and (2) the information provided in response to the above items is true, complete, and correct to the best of my knowledge. The Secretary of Agriculture may examine our books, documents, papers, records, files, and facilities to verify any of the information submitted and may procure such other information as may be required to determine this organization's eligibility for certification.

NAME AND TITLE OF PERSON COMPLETING THIS APPLICATION (Print or type)	SIGNATURE	DATE