

U.S. DEPARTMENT OF AGRICULTURE  
 GRAIN INSPECTION, PACKERS AND  
 STOCKYARDS ADMINISTRATION  
 PACKERS AND STOCKYARDS PROGRAM

**APPLICATION FOR REGISTRATION**  
**(Under Packers and Stockyards Act, 1921, as Amended and Supplemented)**

1. Name of Applicant to Be Registered (Individual or Firm)

\_\_\_\_\_

2. Trade Name or All Known Aliases

\_\_\_\_\_

3a. Mailing Address

\_\_\_\_\_

3b. City

3d. State

3e. Zip

3c. County

3f. Country

4a. Operating Address

\_\_\_\_\_

4b. City

4d. State

4e. Zip

4c. County

4f. Country

5. Telephone No.

6. Cell Phone No.

7. Fax No.

8. E-Mail Address

\_\_\_\_\_

9. Web Site Address

\_\_\_\_\_

10. Type of Livestock Handled (Check All That Apply):

Cattle

Swine

Sheep and Goats

Horses and Mules

11. Character of Business (Check Applicable Operations):

a. Market Agency:  Buying on Commission  Selling on Commission

Clearing Service

Other (Specify) \_\_\_\_\_

b. Dealer:  Buying and Selling

c. Clearee:  Yes  No

d. Cleared By: \_\_\_\_\_

12a. Type of Organization (Check One)

Association

L.L.C.

Other (Specify) \_\_\_\_\_

Corporation

L.L.P.

Individual

Partnership

12b. State Formed

12c. Date Formed

13a. Owners, Partners, Members, or Officers (Name and Title)	13b. % Ownership	13c. Social Security Number *	13d. Home Mailing Address (Number, Street, City, State, Zip Code)

\*The Privacy Act of 1974 requires this Agency to inform applicant that disclosures of social security numbers are optional and that the information sought on this form is required by 9 CFR 201.10. The sole use of the social security number(s) sought on this form is to distinguish between applicants and registrants that have identical or similar names. As this Agency maintains a large volume of applications and registrations, applicants are encouraged to supply social security numbers.

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14. Names and Locations of Posted Stockyards, Auction Markets, Feedlots, and Web Sites Where Applicant Will Operate

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15. If Previously Registered, List All Registered Names and Addresses

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16. Does Registrant Own/Lease a Scale(s) Used in the Purchase and Sale of Livestock?

- No                       Yes (Give Physical Location of Scale(s); Street, City, State, Zip Code, Model, and Serial Number)

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17. Registrant Will Operate on

- Calendar Year                       Fiscal Year Basis: \_\_\_\_\_ to \_\_\_\_\_

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18. If Applicable, Sale Day(s)

- Sun     Mon     Tue     Wed     Thu     Fri     Sat

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Market Agency Selling on Commission – Custodial Account Information

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19a. Bank	19b. Account No.
19c. Street	19d. City
	19e. State
	19f. Zip
19g. Telephone	19h. Contact Person

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**CERTIFICATION** I certify that the financial condition of the applicant meets the requirements of the Packers And Stockyards Act, 1921, as amended and supplemented and the application for registration has been prepared by me or under my direction and that to the best of my knowledge and belief this application is true and correct.

20. Signature and Title (Owner, Partner, or Responsible Officer)

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21. Date

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**Space Below: Not to Be Filled In By the Applicant**

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Registration Number                      Date of Acceptance

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Type of Registration

- SUPPLEMENTAL     REACTIVATED     NEW     AMENDED     RENEWAL

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Registered As

- MARKET AGENCY     DEALER     MARKET AGENCY & DEALER     BRAND INSPECTION

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