

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

**APPLICATION FOR REGISTRATION**  
**PACKER BUYER**  
**Buying Only for Slaughter as an Employee of a Meat Packer**  
**(Under the Packers and Stockyards Act, 1921, as Amended and Supplemented)**

Please Print or Type

(1) Name of Applicant to Be Registered (Individual or Firm) (2) Social Security No.\*

(3a) Mailing Address

(3b) City (3c) State (3d) Zip Code

(4a) Operating Address (if different from mailing address listed above)

(4b) City (4c) State (4d) Zip Code

(5a) County (5b) Country

(6) Telephone No. (7) Cell No. (8) Fax No.

(9) E-mail Address

(10) Livestock to Be Purchased (check all that apply)  
 Feeder Cattle       Cows and Bulls       Sheep and Goats  
 Fed Cattle       Calves       Horses and Mules  
 Steers and Heifers       Swine

(11) Names and locations of posted stockyards, feedlots, or web sites where you will purchase livestock

(12) If you operate a buying station for your employer, list name and location

(13) If previously registered, list all registered name(s) and address(es)

(14a) Do you own an interest in other dealer organization(s), market agency(s), stockyard company(s), or packing company(s)?

Yes (complete table below)       No (go to item 15 in the form)

(14b) Name of other Organization	(14c) Location (City, State, Zip Code)	(14d) Percent of Control by Applicant

\*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 Section 201.10 of the regulations issued under the Packers and Stockyards Act, 1921, as amended and supplemented (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.

**Certification: To the best of my knowledge and belief, the foregoing statements are true and correct.**

(15a) Signature of Applicant

(15b) Title (if any)

(15c) Date

**For Completion By Packer-Employer**

The above applicant is employed by our firm to buy the livestock identified in item no. 10 for slaughter purposes only.

(16a) Signature

(16b) Official Title

(16c) Name of Firm

(16f) Date

(16d) Address

(16e) Telephone No.

**Do Not Complete: For Official Use Only**

Registration No.

Registered As

Dealer

Remarks

Registration is required in order to operate as a market agency or dealer as defined in Section 301 (7 U.S.C. 201) of the Packers and Stockyards Act, 1921, as amended and supplemented and 9 CFR 201.10 (a). Information held confidential (9 CFR 201.96). According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0580-0015. The time required to complete this information collection is estimated to average .50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.