

**UNITED STATES DEPARTMENT OF AGRICULTURE
COOPERATIVE STATE RESEARCH, EDUCATION AND EXTENSION SERVICE
WASHINGTON, DC 20250**

APPLICATION FOR AUTHORIZATION TO USE THE 4-H NAME AND/OR EMBLEM
(Under provisions of 18 U.S.C. 707 and 7 CFR Part 8)

Applications for authorization to use the 4-H Name and/or Emblem must be submitted to:

Administrator

Cooperative State Research, Education, and Extension Service

U.S. Department of Agriculture

4-H Name & Emblem Application

c/o 4-H National Headquarters

MAILING ADDRESS: 1400 Independence Ave, SW, MS 2225, Washington, DC 20250

SHIPPING ADDRESS: 800 9th St, SW, Room 4333, Washington, DC 20024

Or via email:

Email a signed, scanned/PDF copy of this form to 4-H_N&E@csrees.usda.gov. Attach to the email a graphics file depicting a sample of the product(s) and proposed use(s) of the 4-H Name and/or Emblem.

If authorization is granted, the applicant will accept the authorization with the understanding that:

- a. The 4-H Name and/or Emblem will be used only as specified in the application and/or written authorization;**
- b. Authorization does not grant the applicant the exclusive right to the 4-H Name and/or Emblem for this or any other purpose;**
- c. The Cooperative State, Research, Education and Extension Service may grant similar authorizations to competing organizations; and**
- d. This authorization is revocable at the discretion of the Administrator, Cooperative State Research, Education, and Extension Service, or their designee, at any time after written notice.**

Please complete page 2 of this application, including supplying a sample or graphic image of the product(s) and proposed use(s) of the 4-H Name and/or Emblem.

By signing this form, the applicant acknowledges the federal legislation and regulations concerning use of the 4-H Name and/or Emblem. Agreement is hereby made that, if authorization is granted, the applicant will abide by all of the regulations therein.

(Name of Applicant – printed/typed)

(Signature of Applicant)

(Title)

(Date)

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 0524-0034. The time required to complete this information collection is estimated to average 30 minutes 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.

APPLICATION
(Please type or print)

In certain situations, County or State Cooperative Extension Service/Land-Grant Institution authorization is required. Duly authorized 4-H Clubs and County and State Cooperative Extension Services are among those authorized to use the 4-H Name & Emblem for their own educational or informational purposes, so long as they are consistent with federal legislation and regulations regarding the 4-H Name and/or Emblem. When using a vendor, the vendor needs to seek authorization to use the 4-H Name and/or Emblem at the appropriate level. Before completing this form, consider the following:

- Does this request originate with a duly authorized 4-H Club or County or State Cooperative Extension Service?
- Is the proposed distribution of product(s)/service(s) confined to a specific county or state?
- Do the proposed product(s)/service(s) identify the club, county, area, or State 4-H program?
- Is the vendor, or any other providing product development, based within the county or state in which distribution is planned?
- Is the vendor only working with 4-H within the specified county or state (and not working with 4-H elsewhere, either simultaneously or consecutively)?

If you would answer yes to ALL of the above, please contact the appropriate County or State 4-H Office to inquire about their procedures for securing authorization for the specified use for a specified period of time. Per regulations, CSREES reserves the right to review and revoke any authorization or permission for use of the 4-H Name and/or Emblem at any time. **If you would answer no to ANY of the above, please continue.**

Name of Individual, Partnership, Corporation, or Association:

Name of Authorized Representative:

Title of Authorized Representative:

Organizational Address (give complete mailing address):

Fax No. (inc. area code): Telephone No. (inc. area code):

Web Site:

E-mail address:

Type of Request: New Renewal

Proposed use of the 4-H Name and/or Emblem (be specific):

Length of time authorization requested:

Plan for sale OR distribution of product (if product is involved).
Check as many as apply:

Within 1 county/area. Specify county/area:	<input type="text"/>
Across multiple counties in the same state. Specify areas:	<input type="text"/>
Within 1 state. Specify state:	<input type="text"/>

Across state lines

To complete this application, submit a sample of product(s) and proposed use of the 4-H Name and/or Emblem, or submit graphic image(s) of the same.
List samples of products or exhibits submitted here: