BEEF PROMOTION AND RESEARCH BOARD CERTIFICATION OF PRODUCER DIRECTED PAYMENT OF CATTLE ASSESSMENTS

FAILURE TO PAY THE BEEF CHECKOFF IS A VIOLATION OF FEDERAL LAW (7 U.S.C. 2901 et sea.). This form must be properly completed and signed to be valid. You may by law be fined up to \$10.000, imprisoned up to five years, or both for knowingly or willfully making false statements within this document (18 U.S.C. p 1001).

Date			
Producer's Name		SSN or TIN:	
Address	City	State	Zip
Destination Facility			
Address	City	State	
I am electing to direct payment of a	and remit assessments in the an	nount of _\$	_ to the Qualified State Beef
Council (QSBC) of, my state of residence, on head of cattle that I have produced and am Head			
transporting under retained owners	ship on to a fe	edyard or similar location in	the state ofState
I certify that these cattle are of my own 1260.311 to a feedyard or similar locat not less than 30 days. I further certify that, upon remitting the QSBC. I understand that a copy of this purchaser (collecting person) at the tin the assessment again. Signature of Owner (Producer)	ion in another state; and these cattl producer directed assessment on t .Certification of Producer Directed ne of sale to document that the \$1 p	e shall remain in the feedyard of hese cattle, I shall send a copy of Payment of Cattle Assessments er head assessment has been p	r similar location for a period of of this certification form to my " must be provided to the
Composite groups of cattle: (use if	cattle are divided) These cattle		oups and sold as follows:
	,		
Buyer/Date Sold/Head	Buyer/Date Sold/Head	Buyer/Date Sold/Head	Buyer/Date Sold/Head
Buyer/Date Sold/Head	Buyer/Date Sold/Head	Buyer/Date Sold/Head	Buyer/Date Sold/Head
Signature of Feeder			
Collection of your social security number is author voluntary.	rized by Executive Order 9397 and will be use	d only for the purpose of positive identific	ation. Furnishing this information is
According to the Paperwork Reduction Act of 199 displays a valid OMB control number. The valid C estimated to average 12 minutes per response, in completing and reviewing the collection of informa	DMB control number for this information collec cluding the time for reviewing instructions, sea	tion is 0581-0093. The time required to c	complete this information collection is

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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.

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