

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		13d. Home Mailing Address (Number, Street, City, State, Zip Code)

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

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

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)

17. Registrant Will Operate on

- Calendar Year Fiscal Year Basis: _____ to _____

18. If Applicable, Sale Day(s)

- Sun Mon Tue Wed Thu Fri Sat

Market Agency Selling on Commission – Custodial Account Information

19a. Bank

19b. Account No.

19c. Street

19d. City

19e. State

19f. Zip

19g. Telephone

19h. Contact Person

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)

21. Date

Space Below: Not to Be Filled In By the Applicant

Registration Number

Date of Acceptance

Type of Registration

- SUPPLEMENTAL REACTIVATED NEW AMENDED RENEWAL

Registered As

- MARKET AGENCY DEALER MARKET AGENCY & DEALER BRAND INSPECTION