

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 and remit assessments in the amount of \$_____ to the Qualified State Beef

Council (QSBC) of _____, my state of residence, on _____ head of cattle that I have produced and am
State Headtransporting under retained ownership on _____ to a feedyard or similar location in the state of _____
Date State

I certify that these cattle are of my own production; I am transporting these cattle under retained ownership in compliance with 7 C.F.R. § 1260.311 to a feedyard or similar location in another state; and these cattle shall remain in the feedyard or similar location for a period of not less than 30 days.

I further certify that, upon remitting the producer directed assessment on these cattle, I shall send a copy of this certification form to my QSBC. I understand that a copy of this "Certification of Producer Directed Payment of Cattle Assessments" must be provided to the purchaser (collecting person) at the time of sale to document that the \$1 per head assessment has been paid or I will be required to pay the assessment again.

Signature of Owner (Producer) _____

Composite groups of cattle: (use if cattle are divided) These cattle were divided into separate groups 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 authorized by Executive Order 9397 and will be used only for the purpose of positive identification. Furnishing this information is voluntary.

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 0581-0093. The time required to complete this information collection is estimated to average 12 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.

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FORWARD WHITE COPY WITH REMITTANCE.
RETAIN PINK COPY FOR YOUR FILES.

SEND YELLOW COPY WITH CATTLE.
GREEN COPY FOR FEEDERS FILES.