

UNITED STATES DEPARTMENT OF AGRICULTURE  
AGRICULTURAL MARKETING SERVICE

**APPLICATION FOR CERTIFICATION  
OF ORGANIZATION**

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NOTE: Information is collected in order to determine eligibility of organizations to nominate lamb producers, seedstock producers, feeders and first handlers to serve as members of the Lamb Promotion, Research, and Information Board (Board). Application is voluntary and information is held confidential

Organizations must apply for certification by the Secretary to be eligible to participate in the making of nominations of lamb producers, seed stock producers, feeders and first handlers to serve as members of the Board as provided in the Lamb Promotion, Research, and Information Order. Information submitted in response to all items must be complete. Please type or print clearly. Send original only to:

Marketing Programs Branch  
Livestock and Seed Program, AMS U.S. Department of Agriculture  
1400 Independence Avenue, SW, Stop 0251, Room 2628-S  
Washington, DC 20250-0251

Please mark an "X" in appropriate block for which organization or association you are applying for certification: (Mark only one box):

- Producer
- Seedstock Producer
- Feeder
- First Handler

1 NAME AND ADDRESS OF ORGANIZATION (Include street address or P.O. Box No., City, State, ZIP) \_\_\_\_\_ 2. TELEPHONE \_\_\_\_\_

3. TYPE OF ORGANIZATION (State, Regional, National)	4. TOTAL ACTIVE MEMBERSHIP (Most RECENT FULL calendar year)  In _____ Number _____	5. NUMBER OF ACTIVE MEMBERS ENGAGED IN LAMB PRODUCTION FEEDING OR SLAUGHTER, (Most RECENT FULL calendar year)  In _____ Number _____	6. TOTAL ESTIMATED "PRODUCER" SALES OF FIRST HANDLER PURCHASE OF LAMB BY ACTIVE MEMBERS (Most RECENT FULL calendar year)  As of Jan. 1, _____ Number _____
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7 AS EVIDENCE OF THE STABILITY AND PERMANENCY OF THE ORGANIZATION, GIVE:

A. Number of years in existence _____	B. Number of active members during each of the last four calendar years:  <table border="1"> <tr> <td>CALENDAR YEAR →</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NUMBER →</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	CALENDAR YEAR →					NUMBER →				
CALENDAR YEAR →											
NUMBER →											

C. Other evidence (Explain): \_\_\_\_\_

8 LIST THE SOURCE(S) FROM WHICH THE ORGANIZATION'S OPERATING FUNDS ARE DERIVED: \_\_\_\_\_

9 DESCRIBE THE FUNCTIONS OF THE ORGANIZATION: \_\_\_\_\_

10 DESCRIBE THE ORGANIZATION'S ABILITY AND WILLINGNESS TO FURTHER THE PURPOSE AND OBJECTIVES OF THE LAMB PROMOTION, RESEARCH, AND INFORMATION ORDER: \_\_\_\_\_

11 DESCRIBE THE GEOGRAPHIC TERRITORY COVERED BY THE ACTIVE MEMBERSHIP OF THE ORGANIZATION: \_\_\_\_\_

12. DESCRIBE THE NATURE OR MAKE-UP OF YOUR ACTIVE MEMBERSHIP. INDICATE THE PROPORTION OF THE TOTAL NUMBER OF PRODUCERS, SEEDSTOCK, PRODUCER, FEEDERS, AND FIRST HANDLERS IN THE STATE OR GEOGRAPHIC AREA SERVED WHICH ARE ACTIVE MEMBERS OF THE ORGANIZATION: \_\_\_\_\_

**CERTIFICATION STATEMENT**

I hereby certify that: (1) an interest of this organization is in the production or marketing of lamb or lamb products and (2) the information provided in response to the above items is true, complete, and correct to the best of my knowledge. The Secretary of Agriculture may examine our books, documents, papers, records, files, and facilities to verify any of the information submitted and may procure such other information as may be required to determine this organization's eligibility for certification.

NAME AND TITLE OF PERSON COMPLETING THIS APPLICATION (Print or type)	SIGNATURE	DATE
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