CERTIFICATION OF NON-PRODUCER STATUS (FOR THE RESELLER) OMB 0581-0093

Failure to pay the beef checkoff is a violation of federal law. 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. § 1001)

L	CLAIM	NON-PRODUCE	R STATUS O	N
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N ______ HEAD OF CATTLE WHICH I AM RESELLING ON TO:______

(date)

BUYER'SNAME AND ADDRESS

I certify upon reselling these cattle in compliance with 7CFR 1260.314 that I have purchased these cattle to facilitate the transfer of ownership of these cattle to a third party and I am reselling these cattle no later than 10 days from the date I purchased them; or that I have purchased these cattle and upon transfer shall receive only a sales commission or a service fee which was established prior to my purchase of the cattle.

I (the reseller) further certify that I purchased these cattle on ______and:

(Check only one)

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 0.03 hours 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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- 0 1. I collected \$1.00 per head; or
- 0 2. I received a Certification of Non-Producer Status from the person I purchased these cattle from; or
- **O** 3. I purchased these cattle in a transaction in which I was not responsible for collecting the \$1 per head

Person who owns these cattle at the time of sale and is claiming Non-Producer status

RESELLER'S NAME:_____

TAX ID #: _____

ADDRESS: ______

CITY:_____

STATE/ZIP: ____

SIGNATURE OF RESELLER: _____