

U.S. DEPARTMENT OF AGRICULTURE  
AGRICULTURAL MARKETING SERVICE

## APPLICATION FOR CERTIFICATION OF ORGANIZATION OR ASSOCIATION

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Organizations or associations must apply for certification by the Secretary to be eligible to participate in the making of nominations of cattle producers to serve as members of the Cattlemen's Beef Promotion and Research Board as provided in the Beef Promotion and Research Act of 1985. Information submitted in response to all items must be complete. Please type or print clearly. Send form to:

Marketing Programs Branch  
Livestock and Seed Program, AMS  
U.S. Department of Agriculture, Room 2628-S  
1400 Independence Avenue, SW, MAIL STOP 0251  
Washington, DC 20250-0251  
FAX: 202/720-1125

1. NAME AND ADDRESS OF ORGANIZATION (Street address or P.O. Box No., City, State, ZIP)		2. TYPE OF ORGANIZATION (Please check one)	
		<input type="checkbox"/> STATE CATTLE ASSOCIATION <input type="checkbox"/> STATE GENERAL FARM <input type="checkbox"/> OTHER _____	
TELEPHONE NO. AND AREA CODE		FACSIMILE NO. AND AREA CODE	
3. STATE	4. TOTAL PAID MEMBERSHIP (Most RECENT FULL calendar year)	5. NUMBER OF PAID MEMBERS ENGAGED IN CATTLE PRODUCTION (Most RECENT FULL calendar year)	6. TOTAL ESTIMATED INVENTORY OF CATTLE OWNED BY PAID MEMBERS (Most RECENT FULL calendar year)
	IN 20_____ NO. _____	IN 20_____ NO. _____	AS OF JAN. 1, 20_____ NO. _____
7. AS EVIDENCE OF THE STABILITY AND PERMANENCY OF THE ORGANIZATION, GIVE:			
A. No. of years in existence			
B. No. of paid members during each of the last four calendar years:			
20_____	20_____	20_____	
C. Other Evidence (Explain)			

I hereby certify that: (1) a primary or overriding purpose of this organization or association is to promote the economic welfare of cattle producers, 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 or association's eligibility for certification.

8. NAME AND TITLE OF PERSON COMPLETING THE APPLICATION (Type or print)	10. SIGNATURE
9. E-MAIL ADDRESS (name@provider.com)	11. DATE