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|  | **U.S. Department of Agriculture**Agricultural Marketing Service Dairy Programs**Request for Applicant Number** |  |
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| 1. COMPANY NAME **AS REGESTERED WITH THE IRS** |       |
| 2. FEDERAL TAX ID NUMBER |       |
| 3. DOING BUSINESS AS  **IF APPLICABLE** |       |
| 4. BILLING ADDRESS LINE 1 |       |
| 5. BILLING ADDRESS LINE 2 |       |
| 6. CITY       | 7. STATE    | 8. ZIP CODE       |
| 9. CONTACT |       |
| 10. PHONE NUMBER |       | EXT       |
| 11. FAX NUMBER |       |
| 12. E-MAIL ADDRESS |       |
| 13. COMPANY MAILING ADDRESS **(IF DIFFERENT THAN BILLING)** | 14. P.O. BOX AND/OR STREET ADDRESS |       |
| 15. CITY, STATE, ZIP |       |
| 16. CONTACT FOR MAILING ADDRESS**(IF DIFFERENT THAN BILLING)** |       |
| 17.E-MAIL FOR CONTACT **(IF DIFFERENT THAN BILLING)** |       |
| MAIL TO: | PLEASE SUBMIT THE COMPLETED FORM TO THE DAIRY GRADING PROGRAMPHONE: 630-437-5073FAX: 630-437-5060EMAIL: DairyNFO@ams.usda.govUSDA, AMS, DAIRY2150 WESTERN COURT, SUITE 100LISLE, IL 60532 |

**DA-228 (12/13)**