

U.S. DEPARTMENT OF AGRICULTURE
 AGRICULTURAL MARKETING SERVICE

APPLICATION FOR CERTIFICATION OF ORGANIZATION OR ASSOCIATION

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 30 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.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

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:

Research and Promotion Division
 Livestock, Poultry and Seed Program
 U.S. Department of Agriculture, Room 2610-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) IN 20_____ NO. _____	5. NUMBER OF PAID MEMBERS ENGAGED IN CATTLE PRODUCTION (Most RECENT FULL calendar year) IN 20_____ NO. _____	6. TOTAL ESTIMATED INVENTORY OF CATTLE OWNED BY PAID MEMBERS (Most RECENT FULL calendar year) AS OF JAN. 1, 20_____ NO. _____									
7. AS EVIDENCE OF THE STABILITY AND PERMANENCY OF THE ORGANIZATION, GIVE:		(This area is shaded in the original form)										
A. No. of years in existence		B. No. of paid members during each of the last four calendar years: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 25%; text-align: center;">20_____</td> <td style="width: 25%; text-align: center;">20_____</td> <td style="width: 25%; text-align: center;">20_____</td> <td style="width: 25%; text-align: center;">20_____</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </table>			20_____	20_____	20_____	20_____				
20_____	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