## UNITED STATES DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE DAIRY PROGRAM

XXX Federal Milk Order XXX
Address: XXX

## DESIGNATION OF PERSONS AUTHORIZED TO SIGN HANDLER REPORTS

The following person or persons are hereby designated to sign report forms submitted as a handler under the orders shown above. This designation is to be made by the owner, in the case of an individual proprietorship; by a partner, in the case of a partnership; by an officer, in the case of a corporation; or by a trustee or receiver who has been appointed by or with the consent of a court of law.

	<u>TITLE</u>	<u>SIGNATURE</u>	CHECK REPORTS AUTHORIZED TO SIGN		
<u>AUTHORIZED NAME</u>			Receipt & <u>Utilization</u>	Producer <u>Payroll</u>	Other*
				<u> </u>	
• Indicate "all" for any person who is	designated to sign all repo	rts.			
OFFICIAL COMPANY NAME:			_ ADDRESS:	(City and S	tate)
PARENT COMPANY:			DATE: _		
SIGNED:			TITI E.		

(Signature of Authorizing Agent)

## USDA AMS Dairy Program XXX Federal Milk Order XXX Address: XXX Phone: XXX

## **Designation of Persons Authorized to Sign Handler Reports**

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 0581-0032. The time required to complete this information collection is estimated to average 15 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.

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