

# ***EGG CERTIFICATION REQUEST FORM***

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This form is to be completed by producer organizations wishing to nominate members or alternate members for appointment to the American Egg Board.

All items must be fully answered. If additional space is needed to complete your response, please attach separate sheets of paper. Please print or type.

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**1. Please provide the following information:**

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**(Name of Organization)**

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**(Street Address or P.O. Box No.)**

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**(City)**

**(State)**

**(Zip Code)**

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**(Area Code) (Telephone Number) (Fax Number, if applicable)**

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**2. Geographic area covered by the organization's active membership:**

**If the geographic area is other than national or statewide, please describe the area covered:**

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**3. Describe the nature and size of the organization's active membership including the proportion of the total of active membership accounted for by producers of commercial eggs:**

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- 4. Include a chart or map showing the egg production by state in which the organization has members, and the volume of commercial eggs produced by the organization's active membership in such state(s):**
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- 5. Describe the extent to which the commercial egg producer membership of the organization is represented in setting the organization's policies:**
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- 6. Indicate evidence of stability and permanency of the organization (i.e. number of years in existence and the number of members during each of the last 5 years):**
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- 7. List sources from which the organization's operating funds are derived:**
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- 8. Describe the functions of the organization:**
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**9. Describe the organization's ability and willingness to further aims and objectives of the Act:**

**10. I hereby certify that the information provided in this form is true, complete and correct:**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Title**

\_\_\_\_\_

**Date**

**Return completed form to:** Research and Promotion Division  
Livestock, Poultry, and Seed Program, AMS  
U.S. Department of Agriculture  
Street  
City, State Zip

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