

**Instructions to Complete
Application for Registration
Packer Buyer
Form P&SP – 1100**

Applicants employed by a packer on salary or other compensation and buying livestock for such packer use form P&SP-1100 to register as a packer buyer. If any information is missing or incorrect, the Packers and Stockyards Program will return the application form to the principal for completion or correction.

Operating without proper registration and bond may subject the principal to penalties including a fine of \$550 for each violation and \$27.50 for each day it continues.

After completing the application for registration, the applicant should retain a copy for their files and mail the completed form with original signature to the regional office of the Packers and Stockyards Program as listed below. The states covered by each regional office are listed below the regional office's address.

Regional Offices of the Packers and Stockyards Program Grain Inspection, Packers and Stockyards Administration		
Eastern Regional Office Suite 230 75 Spring Street Atlanta, GA 30303-3308 Telephone: (404) 562-5840 FAX: (404) 562-5848 e-mail: PSPAtlantaGA.GIPSA@usda.gov	Western Regional Office 3950 Lewiston St., Suite 200 Aurora, CO 80011-1556 Telephone: (303) 375-4240 FAX: (303) 371-4609 e-mail: PSPDenverCO.GIPSA@usda.gov	Midwestern Regional Office Room 317 210 Walnut Street Des Moines, IA 50309-2110 Telephone: (515) 323-2579 FAX: (515) 323-2590 e-mail: PSPDesMoinesIA.GIPSA@usda.gov
States Covered	States Covered	States Covered
AL, AR, CT, DC, DE, FL, GA, LA, MA, MD, ME, MS, NC, NH, NJ, NY, PA, RI, SC, TN, VA, VT, WV	AK, AZ, CA, CO, HI, ID, KS, MT, NM, NV, OK, OR, TX, UT, WA, WY	IA, IL, IN, KY, OH, MI, MO, MN, ND, NE, SD, WI

Packer-buyer must complete Items No. 1 through 14 and sign and complete Item No. 15.

The Packer must complete Item 16.

Line No.	Subject	Instruction
1	Name of Applicant to be Registered	Enter the name of the individual or firm to be registered.
2		
3a through 3d	Mailing Address	Enter your mailing address, including street, city, state, and 9-digit zip code. This is the address where all correspondence from the Packers and Stockyards Program will be sent. If you conduct your business services at another location, enter that address in lines 4a through 4d.
4a through 4d	Operating Address	Enter the street, city, state, and zip code of the physical location where you operate. This is the address where you conduct your business services. If there is a separate mailing address for correspondence to be sent, enter that address on lines 3a through 3d.
5a through 5b	County, Country	Enter the county and country where you conduct your operation.
6	Telephone No.	Enter the telephone number including area code where you can be reached during the hours of 8:00 a.m. to 5:00 p.m. local time.
7	Cell No.	Enter your cellular phone number.
8	Fax No.	Enter the firm's fax number.
9	E-Mail Address	Enter the firm's e-mail address or that of one of the owners.

Line No.	Subject	Instruction
10	Livestock to be Purchased	Check the appropriate box to indicate each category of livestock you will be purchasing.
11	Names and Locations of Posted Stockyards, Feedlots, or Websites...	Enter the name and address of each of the posted stockyards, feedlots, or web sites. Include city and state where you will purchase livestock.
12	If You Operate a Buying Station	Enter the name and address, including city and state, where you operate a buying station.
13	If Previously Registered, List Registered Name and Address	If you or your business was previously registered with the Packers and Stockyards Program, list each of the name(s) under which you or your business was previously registered, and the address(s) of the prior business(s).
14a	Do You Own An Interest In Other	If you currently operate as, or own any interest in, any dealer organization(s), market agency(s), stockyard company(s), or packing company(s), check "Yes" and provide details in the next section, otherwise, check "No."
14b through 14d	Name, Location, Percent Control	Enter the name(s), location, including city, state, and zip, and the percentage of control or ownership that you maintain in any of the businesses.
15a through 15c	Signature of Applicant, Title, Date	The applicant must sign the application, enter relevant title, if any, and enter the date the form was signed.
THIS SECTION IS TO BE COMPLETED BY THE PACKER-EMPLOYER.		
16 (a)	Signature	An authorized officer of the packer-employer must sign the form.
16 (b)	Official title	Enter the official title of the officer signing the application.
16 (c)	Name of Firm-Address	Enter the full name, address, and telephone number of the employing packer firm.
16 (d)	Date	Enter the date the application is signed by the packer-employer.

U.S. DEPARTMENT OF AGRICULTURE
GRAIN INSPECTION, PACKERS AND
STOCKYARDS ADMINISTRATION
PACKERS AND STOCKYARDS PROGRAM

APPLICATION FOR REGISTRATION
PACKER BUYER
Buying Only for Slaughter as an Employee of a Meat Packer
(Under the Packers and Stockyards Act, 1921, as Amended and Supplemented)

Please Print or Type

(1) Name of Applicant to Be Registered (Individual or Firm) (2)

(3a) Mailing Address

(3b) City (3c) State (3d) Zip Code

(4a) Operating Address (if different from mailing address listed above)

(4b) City (4c) State (4d) Zip Code

(5a) County (5b) Country

(6) Telephone No. (7) Cell No. (8) Fax No.

(9) E-mail Address

(10) Livestock to Be Purchased (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Feeder Cattle | <input type="checkbox"/> Cows and Bulls | <input type="checkbox"/> Sheep and Goats |
| <input type="checkbox"/> Fed Cattle | <input type="checkbox"/> Calves | <input type="checkbox"/> Horses and Mules |
| <input type="checkbox"/> Steers and Heifers | <input type="checkbox"/> Swine | |

(11) Names and locations of posted stockyards, feedlots, or web sites where you will purchase livestock

(12) If you operate a buying station for your employer, list name and location

(13) If previously registered, list all registered name(s) and address(es)

(14a) Do you own an interest in other dealer organization(s), market agency(s), stockyard company(s), or packing company(s)?
 Yes (complete table below) No (go to item 15 in the form)

(14b) Name of other Organization	(14c) Location (City, State, Zip Code)	(14d) Percent of Control by Applicant

Certification: To the best of my knowledge and belief, the foregoing statements are true and correct.

(15a) Signature of Applicant

(15b) Title (if any)

(15c) Date

For Completion By Packer-Employer

The above applicant is employed by our firm to buy the livestock identified in item no. 10 for slaughter purposes only.

(16a) Signature

(16b) Official Title

(16c) Name of Firm

(16f) Date

(16d) Address

(16e) Telephone No.

Do Not Complete: For Official Use Only

Registration No.

Registered As

Dealer

Remarks

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.

Registration is required in order to operate as a market agency or dealer as defined in Section 301 (7 U.S.C. 201) of the Packers and Stockyards Act, 1921, as amended and supplemented and 9 CFR 201.10 (a). Information held confidential (9 CFR 201.96).

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 0580-0015. The time required to complete this information collection is estimated to average 1 hour 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.