

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

Address: XXX
XXX
Phone: XXX
Fax: XXX
E-Mail: XXX

XXX FEDERAL MILK ORDER XXX

PH – 1

Information Report for Designation as Producer-Handler

Note: This cover page is for information purposes only and does not need to be submitted to the market administrator's office.

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4. Participant(s): (Continued)

Name: _____

Address: _____

Phone: _____ E-mail: _____

Name: _____

Address: _____

Phone: _____ E-mail: _____

5. Business Address: _____

6. Contact information:

Phone Number: _____ Fax: _____

E-mail: _____

SECTION II – MILK PRODUCTION RESOURCES AND FACILITIES

List and describe in this section all the milk production resources and facilities, of the type shown-

1. Which you, your partner(s), or any of your stock holders own, operate, or control either directly, indirectly, or partially; and
2. Any others in which you have an interest in any way, including contractual arrangement. Show in Part A below those production resources and facilities which you wish determined to be your milk production resources and facilities in connection with your designation as a producer-handler. Show in Part B those that you claim should not be designated a part of your milk production resources and facilities because they do not constitute an actual or potential source of milk supply for your operation as a producer-handler. (Note: You must be able to prove each claim to the satisfaction of the Market Administrator, and any listed items for which such a claim cannot be sustained will be designated a part of your operation.)

PART A – ITEMS TO BE CONSIDERED A PART OF THE DESIGNATED PRODUCTION RESOURCES AND FACILITIES

MILK PRODUCTION FACILITIES

Farm 1: Name used for that Property: _____

Number of Acres: _____ County _____ State _____

Legal Description or reference to Deed: _____

Lease Information: _____

Bovine Population: Total Animals _____ Milking Cows _____

Buildings housing the herd: Number of buildings _____ Cow Capacity _____

PART A - MILK PRODUCTION FACILITIES (Continued)

Farm 2: Name used for that Property: _____

Number of Acres: _____ County _____ State _____

Legal Description or reference to Deed: _____

Lease Information: _____

Bovine Population: Total Animals _____ Milking Cows _____

Buildings housing the herd: Number of buildings _____ Cow Capacity _____

Farm 3: Name used for that Property: _____

Number of Acres: _____ County _____ State _____

Legal Description or reference to Deed: _____

Lease Information: _____

Bovine Population: Total Animals _____ Milking Cows _____

Buildings housing the herd: Number of buildings _____ Cow Capacity _____

Farm 4: Name used for that Property: _____

Number of Acres: _____ County _____ State _____

Legal Description or reference to Deed: _____

Lease Information: _____

Bovine Population: Total Animals _____ Milking Cows _____

Buildings housing the herd: Number of buildings _____ Cow Capacity _____

NOTE: If you operate more than 4 farms, identify the remainder on a separate piece of paper.

PART B – ITEMS NOT TO BE CONSIDERED A PART OF THE DESIGNATED PRODUCTION RESOURCES AND FACILITIES

Farm 1: Name used for that Property: _____

Number of Acres: _____ County _____ State _____

Legal Description or reference to Deed: _____

Lease Information: _____

Bovine Population: Total Animals _____ Milking Cows _____

Buildings housing the herd: Number of buildings _____ Cow Capacity _____

PART B – OTHER MILK PRODUCTION FACILITIES (Continued)

Give reasons why you feel each of the items listed above should not be designated as part of your milk production resources and facilities (Use a separate piece of paper if needed).

NOTE: If you operate more than 1 farm not to be considered a part of the designated production resources and facilities, identify the remainder on a separate piece of paper.

SECTION III – MILK HANDLING, PROCESSING, AND DISTRIBUTION RESOURCES AND FACILITIES

List and describe in this section all resources and facilities of the types shown (including store outlets) used for handling, processing, and distributing milk or milk products within the marketing area –

1. Which you own, operate, or control, either directly, indirectly, or partially, or
2. In which you in any way have an interest, including any contractual arrangement; and management or control.
3. Any others with respect to which you directly or indirectly exercise any degree of management or control.

Provide the requested information for each item listed. Show in the right hand column for any item of real property whether you own, lease, rent, or otherwise control each. If your control is not through ownership, lease, rental, describe on a separate piece of paper how your control is executed.

PROCESSING PLANT(S) INFORMATION

Processing Plant Location (Street Address, City, State, Zip)	Legal Description or Reference to Deed	Owned, Leased, Rented, Or Other

STORE INFORMATION

Store Location (Street Address, City, State, Zip)	Legal Description or Reference to Deed	Number of Routes	Principal Distribution Area	Owned, Leased, Rented, Or Other

DISTRIBUTOR INFORMATION

Distributor Location (Street Address, City, State, Zip)	Legal Description or Reference to Deed	Principal Distribution Area	Owned, Leased, Rented, Or Other

Sales to Alaska or Outside the United States? _____

SECTION IV: AFFILIATED PERSONS

List below the names of all other persons who have or exercise any degree of direct, indirect, or partial ownership, operation, or control of your operation either as a dairy farmer or a handler. Also list any person (showing trade name if any) with whom you have any contractual arrangement with respect to your operation either as a dairy farmer or a handler. Provide the information requested for each person.

Name	Address	Relationship	Specify Item of Concern

Identify parties who are empowered to sign reports on behalf of the business:

Name	Area of Authority	Signature	Owner (Y/N)

I declare under penalties provided by law, that the information contained in this report (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete. I also certify that I am authorized to sign this information report.

Prepared by: _____ On (Date) _____