U.S. Department of Agriculture Agricultural Marketing Service Fair Trade Practices Program Packers and Stockyards Division

APPLICATION FOR REGISTRATION PACKER BUYER

Buying only for Slaughter as an Employee of a Meat Packer

1 acı	ters and Stockyards Division	(Under the Packers and		21, as Amended and S	upplemented)
1.	Name of Applicant to Be Registered (Individual o		•	,	
2a.	Mailing Address				
2b.	City	2c. County	2d. S	State 2e.	Zip+4
3a.	Operating Address (If different from mailing address	ess listed above)			
3b.	City	3c. County	3d. S	State 3e.	Zip+4
4.	Telephone	5. Cell Phone		6. Fax	
7.	E-Mail Address				
8.	Type of Livestock To Be Purchased for Slaughter (Check all that Apply)				
	☐ Steers and Heifer	☐ Swine			
	☐ Cows and Bulls	☐ Sheep and Goats			
	☐ Calves	☐ Horses and Mules			
10.	If you operate a buying station for your employer,	list name, city, state and zip +4			
11.	If previously registered list all registered name(s) a	and address(es)			
12.	Do you own an interest in other dealer organization ot, go to item no. 13 in the form.	n(s), market agency(s), stockyard con	mpany(s), or packing co	mpany(s)? If yes, complete	the table below. If
		No			
	12a. Name of other Organization	12b. Locatio	on (City, State, Zip+4 Co	ode)	12c. % Control by Applicant

CERTIFICATION: With my signature, I certify the information provided on this form is tue and correct to the best of my knowledge			
	fficer, or have been authorized by responsible management to certification. 13b. Print name of Applicant:		
	PACKER EMPLOYER		
CERTIFICATION: The above applicant is employ	yed by our firm to buy the livestock identified on line 8 for slaughter	purposes only.	
14a. Signature of Employer:	14b. Print name:	14c. Date:	
15. Official Title:			
16. Name of Firm:			
17. Address:	18. Telephone:		
19. Email Address:	20. Website, if applicable:		
	Do Not Complete: Completed by Packers & Stockyards Division		
Registration No.			
Date of Acceptance			
Remarks:			
Registration is required in order to operate as a may 9 CFR 201.10 (a). Information held confidential (9	arket agency or dealer subject to the Packers and Stockyards Act, 19 OFR 201.96)	921, as amended and supplemente	ed, and
information unless it displays a valid OMB control this information collection is estimated to average	15, an agency may not conduct or sponsor, and a person is not requinumber. The valid OMB control number for this information is 05 1.50 hours per response, including the time for reviewing instruction mpleting and reviewing the collection of information.	81-0308. The time required to co	omplete
In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information is also available in languages other than English.			ll erican (voice and
http://www.ascr.usda.gov/complaint_filing_cust.htr requested in the form. To request a copy of the com	tet the USDA Program Discrimination Complaint Form, AD-3027, 1 ml, or at any USDA office or write a letter addressed to USDA and plaint form, call (866) 632-9992. Submit your completed form or let Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 2	provide in the letter all of the inforter to USDA by: (a) mail: U.S. D	Department

(c) email: program.intake@usda.gov.

Instructions to Complete Application for Registration Packer Buyer Form PSD 1100

Applicants employed by a packer on salary or other compensation and buying livestock for such packer use form PSD 1100 to register as a packer buyer. If any information is missing or incorrect, the Packers and Stockyards Division (PSD) 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 \$750.00 for each violation and not more than \$37.50 for each day it continues.

After completing the application for registration, the applicant should retain the original and must send a fully executed copy with original signature to the Regional Office of PSD that covers your state as listed at the top of this document.

Submit the completed form to the regional office of PSD as listed below. The states, provinces and territories covered by each regional office are listed below the regional office's address.

Regional Offices of the Packers and Stockyards Division Agricultural Marketing Service, Fair Trade Practices Program				
Atlanta Regional Office	Denver Regional Office	Des Moines Regional Office		
75 Ted Turner Drive SW, Ste 230	3950 Lewiston St., Suite 200	210 Walnut Street, Room 317		
Atlanta, GA 30303-3308	Aurora, CO 80011-1556	Des Moines, IA 50309-2110		
Telephone: (404) 562-5840	Telephone: (303) 375-4240	Telephone: (515) 323-2579		
FAX: (404) 562-5848	FAX: (303) 371-4609	FAX: (515) 323-2590		
e-mail:	e-mail:	e-mail:		
PSDAtlantaGA@ams.usda.gov	PSDDenverCO@ams.usda.gov	PSDDesMoinesIA@ams.usda.gov		
States Covered	States Covered	States Covered		
AL, AR, CT, DC, DE, FL, GA,	AB, AK, AZ, BC, CA, CO, HI,	IA, IL, IN, KY, MB, MI, MN,		
LA, MA, MD, ME, MS, NC, NH,	ID, KS, MT, NM, NV, OK, OR,	MO, ND, NE, OH, IB, SD, WI		
NL, NJ, NY, PA, PR, QC, RI, SC,	SK, TX, UT, WA, WY			
TN, VA, VT, WV				

Packer-buyer must complete Lines No. 1 through 12 and sign and complete Line No. 13.

The Packer must complete Line 14 through 18

Line	Subject	Instruction	
No.			
1	Name of Applicant to	Enter the name of the individual to be registered.	
	be Registered		
2a	Mailing Address	Enter your mailing address, including street, city, county, state, and	
through		zip+4. This is the address where all correspondence from the Packers	
2e		and Stockyards Division should be sent.	

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Line No.	Subject	Instruction		
3a through 3e	Operating Address (if different from	Enter the operating address and/or physical location. Enter street, city, county, state, and zip+4. This is the address where you conduct your business services.		
4	Phone	Enter the phone number where you can be reached.		
5	Cell	Enter your cellphone number.		
6	Fax	Enter your fax number.		
7	E-Mail Address	Enter your e-mail address.		
8	Livestock to be Purchased for Slaughter	Check the appropriate box to indicate each class of livestock you will be purchasing for slaughter.		
9	Names and locations of posted stockyards, feedlots, or websites	Enter the name and address, including city and state, of each of the posted stockyards, feedlots, or web sites where you will purchase livestock for slaughter.		
10	If you operate a buying station	Enter the name and address, including city, state, and zip+4 where you operate a buying station.		
11	If previously registered, list registered name and address.	If you were previously registered with the Packers and Stockyards Division list each of the name(s) under which you were previously registered, and the address(es) of the prior business(s).		
12	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."		
12a through 12c	Name, Location, Percentage of Control	Enter the name(s), location, including city, state, and zip+4, and the percentage of control or ownership that you maintain in any of the businesses.		
13a through 13c	Signature of Applicant, Print Name, and Date	The applicant must sign the application and print the name of the person signing. Enter the date the form was signed.		
THIS SECTION IS TO BE COMPLETED BY THE PACKER-EMPLOYER.				
14a	Signature of Employer,	An authorized officer of the packer-employer must sign the form, print		
through	Print Officer's name,	their name, and enter the date the form was signed.		
14c	Date			
15	Official title	Enter the official title of the officer signing the application.		
16	Name of Firm	Enter the full name of the employing packer firm.		
17	Address	Enter the address, including city, state and zip+4 of the packer firm.		
18	Telephone	Enter the telephone number of the packer firm.		
19	Email Address	Enter the email address of the packer firm.		
20	Website Address, if applicable	Enter the website address of the packer firm, if applicable.		