

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

**LIVE POULTRY DEALER INQUIRY**

If an item's value is zero, enter "0". If an item does not apply, enter "NA". Upon completion please verify that all items have been answered. Return completed form to the appropriate Regional Office. See separate instructions for complete information about this report.

**GENERAL INFORMATION - SECTION 1**

101	Reporting Period (mm/dd/yyyy)	a. FROM	b. TO
102	Entity Name		
103	Trade Name/d.b.a		
104	Mailing Address		
105	City, State, Zip+4		
106	Physical Address		
107	City, State, Zip		
108	Contact Name		
109	Contact Telephone		
111	Contact Telephone	111	E-Mail Address
112	Fax	112	Web Address

**ORGANIZATIONAL STRUCTURE - SECTION 2**

201	Type of organization:	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> L.L.C.	<input type="checkbox"/> L.L.P.	<input type="checkbox"/> Co-op	<input type="checkbox"/> Association	<input type="checkbox"/> Other
202	List State Incorporated/Registered/formed	203	Date Incorporated/Registered/formed						

List owners, officers, partners, and members in control of this business

	a. Name	b. Title	c. % Ownership
204			
205			
206			
207			
208			

**DESCRIPTION OF BUSINESS - SECTION 3**

301	The poultry firm operates as (check all that apply)
	<input type="checkbox"/> Slaughterer <input type="checkbox"/> Processor <input type="checkbox"/> Broker (Live) <input type="checkbox"/> Dealer (Live) <input type="checkbox"/> Meat Dealer or Broker

**LIVE POULTRY PURCHASES- SECTION 4**

401	Did the firm purchase live poultry for slaughter? If yes, provide Establishment No.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
402	FSIS Establishment No. _____		
403	Did the firm purchase live poultry to sell to a firm that slaughters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
404	Did the firm's purchases originate outside the state in which it was slaughtered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
405	Total cost of live poultry purchased during the reporting period	\$	

**LIVE POULTRY PRODUCED UNDER GROWING ARRANGEMENTS - SECTION 5**

501	Did the firm obtain poultry using growing arrangements for its own slaughter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
502	Did the firm sell or contract poultry obtained using a growing arrangement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
503	Did any obtained poultry originate outside the state in which it was slaughtered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
504	Number of growers with growing arrangements		
505	Estimated amount paid to growers under growing arrangements during the reporting period.		\$ _____

**POULTRY PRODUCT SALES - SECTION 6**

601	Did the firm process or prepare poultry products and then sell or ship those products outside the state of slaughter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
602	Did the firm process or prepare poultry products and then sell or ship those products to the U.S. Government?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**POULTRY PRODUCT SOLD - SECTION 7**

701 Total dollar amount of poultry and by-products sold during the reporting period. \$ \_\_\_\_\_

**REMARKS - SECTION 8**

801 Use this space for additional information or explanation for any numbers items above, making reference to the item number.

**CERTIFICATION - SECTION 9**

*Under the Packers and Stockyards Act any person who willfully makes, or causes any false entry or statement of fact in this report shall be deemed guilty of offense against the United States, and be subject to a fine of \$1,000 to \$5,000, or to imprisonment for a term of not more than 3 years, or to both fine and imprisonment.*

**I certify that this report has been prepared by me or under my direction, and to the best of my knowledge and belief correctly reflects reporting entity operations.**

901 Print Name		902 Signature	
903 Phone Number	904 Date	905 Title	

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 is 0581-0308. The time required to complete this information collection is estimated to average .90 hours 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.

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.

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (a) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (b) fax: (202) 690-7442; or (c) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

**Instructions to Complete  
Live Poultry Dealer Inquiry  
Form PSD 1500**

This form is used by any entity engaged in business as a poultry dealer and is required by Section 201.94 and section 201.100 of the regulations under the Packers and Stockyards Act, 1921 (Act), as amended and supplemented, to provide the information required by Form PSD 1500.

Penalties for willfully making, or causing to be made, any false entry or statement of fact in any report required to be made under the Act include a fine between \$1,000 to \$5,000 or imprisonment. (7 U.S.C. 222 (Section 402 of the Act))

Submit the completed form to the Regional Office of the Packers and Stockyards Division (PSD) as listed below. The states, territories, and provinces covered by each regional office are listed below its address.

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

Additional copies of the report may be obtained from the regional office covering your state, or on our website located at PSD. All inquiries concerning any section or part of a section contained in the report can also be addressed to that regional office.

Line No.	Subject	Instructions
<b>GENERAL INFORMATION – SECTION 1</b>		
101	Reporting Period	Report covers the time from the start of your reporting period (a. FROM) to the end of your reporting period (b. TO)
102	Entity Name	Enter the name under which you are listed with PSD.
103	Trade Name/d.b.a.	Enter the trade name under which you operate. This is the name the business uses, if applicable. If you do not operate with a “Trade Name”, enter “N/A”.
104 and 105	Mailing Address	Enter the trade name under which you operate. This is the name the business uses, if applicable. If you do not operate with a “Trade Name”, enter “N/A”.

<b>Line No.</b>	<b>Subject</b>	<b>Instructions</b>
106 and 107	Operating Address	Enter the physical location of your operating address. Enter street, city, state, and zip+4. This is the address where you conduct your business services.
108	Contact Name	Enter the name of the person to be contacted regarding questions on the report.
109	Contact Telephone	Enter the telephone where the contact person may be reached.
110	Fax	Enter the Fax used by the entity.
111	E-Mail Address	Enter the entity's e-mail address.
112	Web Site Address (if applicable)	Enter the complete Web site address the business operates. For example: <a href="http://www.WebSiteName@domain.com">www.WebSiteName@domain.com</a>
<b>ORGANIZATIONAL STRUCTURE – SECTION 2</b>		
201	Type of Organization	Check the appropriate box to indicate the type of organization as it applies to the business' operation.
202	State Incorporated/Registered/Formed	If appropriate, enter the state where the Corporation, LLC, or LLP was formed.
203	Date Incorporated/Registered/Formed	If appropriate, enter the date the Corporation, LLC, or LLP was formed.
204a Through 208c	Owners, Members, Partners, Or Officers, (Name and Title), Percent Ownership	For each owner, officer, member, and every partner, enter their name, title, and respective percentage of ownership. Provide this information for every individual with any ownership interest, 10% or greater, in the applicant's operation. The person signing this report on line 902, must be listed in this section.
<b>DESCRIPTION OF BUSINESS– SECTION 3</b>		
301	Type of Operations	Check the appropriate box to indicate what activities with the poultry business your firm conducts.
<b>LIVE POULTRY PURCHASES – SECTION 4</b>		
401	Number of Days	Check the appropriate boxes) to indicate if the firm purchased live poultry for slaughter in the past year. If "Yes" report the FSIS or State establishment number on line 402.
402	Establishment Number	Enter the FSIS or State Establishment number of the firm.
403	Did firm purchase live poultry to sell to a firm that slaughters?	Check the appropriate box to indicate if the firm purchased poultry to sell to another firm that slaughters.
404	Did the firm's purchases originate outside of the state in which slaughtered?	Check the appropriate box to indicate if the firm's purchases originated outside of the state in which it was slaughtered.

Line No.	Subject	Instructions
405	Total cost of live poultry purchased for firm's account in a year	Enter the total cost of all poultry purchased for the firm's account for the past year.
<b>LIVE POULTRY PRODUCED UNDER GROWING ARRANGEMENTS– SECTION 5</b>		
501	Did firm obtain poultry using a growing arrangement for its own slaughter	Check the appropriate box to indicate if the firm obtained poultry using a growing arrangement for the poultry's own slaughter.
502	Did firm sell or contract poultry obtained using a growing arrangement	Check the appropriate box to indicate if the firm sold or purchased poultry obtained using a growing arrangement.
503	Did any poultry obtained originate outside of the state in which slaughtered	Check the appropriate box to indicate if the poultry obtained by the firm originated outside of the state in which the poultry was slaughtered.
504	Growers with growing arrangements	Enter the number of growers with growing arrangements. Enter the names of growers with growing arrangements. List the names of the growers in the space provided under Section 7.
505	Estimated yearly value of the poultry obtained under growing arrangements	Enter the estimated yearly dollar value of poultry obtained under growing arrangements.
<b>POULTRY PRODUCT SALES – SECTION 6</b>		
601	Did the firm sell or ship any poultry products manufactured or prepared by it outside the state for slaughter	Check the appropriate box to indicate if poultry products your firm manufactures or prepares are sold or shipped to another state.
602	Did the firm sell or ship any poultry products manufactured or prepared by it to the U.S. Government	Check the appropriate box to indicate if poultry products your firm manufactures or prepares are sold or shipped to the U.S. Government.

Line No.	Subject	Instructions
<b>POULTRY PRODUCT SOLD – SECTION 7</b>		
701	Total Sales	Enter the total dollar amount of poultry products and by-products sold during the last fiscal year.
<b>REMARKS – SECTION 8</b>		
801	Remarks	Enter additional information or provide explanations for any numbered items above. Include the list of names of growers with growing arrangements.
<b>CERTIFICATION – SECTION 9</b>		
901	Print Name	Print the name of the owner, officer, partner, or member responsible for this report. The signor must be listed on lines 204-208
902	Signature	The report must be signed by a responsible person, listed on lines 204-208
903	Phone	Enter the phone of the person who signed the report.
904	Date	Enter the date the form is signed.
905	Title	Enter the title of the person signing the form.