

Business Entity ID Only	For PSD Use Only	PSD Bar Code Only
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U.S. Department of Agriculture
 Agricultural Marketing Service
 Fair Trade Practices Program
 Packers and Stockyards Division

SPECIAL REPORT FOR REVIEW OF DEALER, MARKET AGENCY AND PACKER BONDS

Instructions: 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 PSD regional office. See separate instructions for complete information about this report. Only complete the section of this report that relates to your type of operation.

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	Operating Address		
107	City, State, Zip+4		
108	Contact Name		
109	Contact Telephone	111	E-Mail Address
110	Fax	112	Web Address

BOND INFORMATION - SECTION 2

Note: Only complete the section that relates to your type of operation

Livestock Sold by a Market Agency:

201	Number of Public Sale Days that were held during this reporting period:	_____				
		a. Cattle	b. Hogs	c. Sheep & Goats	d. Horses & Mules	e. Total (a+b+c+d)
202	Gross Value of all Livestock Sold on Commission:	\$	\$	\$	\$	\$

Livestock Purchased as a Dealer for their own account and on Commission for the accounts of others:

		a. Cattle	b. Hogs	c. Sheep & Goats	d. Horses & Mules	e. Total (a+b+c+d)
203	Cost of livestock purchased on a dealer basis for registrant's account	\$	\$	\$	\$	\$
204	Cost of livestock bought on commission for the account of others regardless of who paid for the livestock	\$	\$	\$	\$	\$
		a. First Quarter	b. Second Quarter	c. Third Quarter	d. Fourth Quarter	
205	Combined cost of livestock purchased as a dealer, and bought on commission, per quarter	\$	\$	\$	\$	\$

Livestock Purchased as a Packer:

206	Type of Livestock Purchased	<input type="checkbox"/> Cattle	<input type="checkbox"/> Calves	<input type="checkbox"/> Hogs	<input type="checkbox"/> Sheep/Goats
207	Total Cost of Livestock Purchased for Feeding:	\$ _____			
208	Total Cost of Livestock Purchased for Slaughter:	\$ _____			
209	Total Livestock Purchased:	\$ _____			

CERTIFICATION - SECTION 3

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.

With my signature, I certify the information provided on this form is true and correct to the best of my knowledge and belief, I am an owner, officer, or have been authorized by responsible management to certify this report.

301 Print Name		302 Signature
303 Phone Number	304 Date	305 Title

Submitted information is confidential (9 CFR 201.96). Failure to report will result in forfeiture to the United States \$559 per day until report receipt Section 10 of the FTC Act, made applicable by Section 402 of the Act (7 U.S.C. 222).

This is a special report to determine adequacy of bond requirements under the Packers and Stockyards Act.

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 1.5 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, 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.

Instructions to Complete Special Report for Review of Dealer, Market Agency and Packer Bonds Form PSD 7003

As an entity regulated by the Packers and Stockyards Act, you are required to file a special report with the U.S. Department of Agriculture's Packers and Stockyards Division (PSD) on Form PSD 7003 Special Report for Review of Dealer, Market Agency and Packer Bonds.

Provide information for each line on the form that that applies to the period specified in the request letter. If space provided for any item is not sufficient, attach additional pages containing the information and make reference to the line number on the form

Submit the completed form by the date showing in the letter notifying you to file the special report, to the regional office of the Packers and Stockyards Division as listed below. You may be fined \$559 for each day the report remains delinquent. **All information must be completed on this form in its entirety. Failure to do so will result in the form being returned incomplete.**

Regional Offices of the Packers and Stockyards Division Agricultural Marketing Service, Fair Trade Practices Program		
Atlanta Regional Office 75 Ted Turner Drive SW, Suite 230 Atlanta, GA 30303-3308 Telephone: (404) 562-5840 FAX: (404) 562-5848 E-mail: PSDAtlantaGA@usda.gov	Denver Regional Office 3950 Lewiston St., Suite 200 Aurora, CO 80011-1556 Telephone: (303) 375-4240 FAX: (303) 371-4609 E-mail: PSDDenverCO@usda.gov	Des Moines Regional Office 210 Walnut Street, Room 317 Des Moines, IA 50309-2110 Telephone: (515) 323-2579 FAX: (515) 323-2590 E-mail: PSDDesMoinesIA@usda.gov
States Covered	States Covered	States Covered
AL, AR, CT, DC, DE, FL, GA, LA, MA, MD, ME, MS, NC, NJ, NL, NH, 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

If you have any questions about the form or completing the form, please contact the appropriate regional office of the Packers and Stockyards Division as listed above.

SECTION-BY-SECTION INSTRUCTIONS

FORM HEADER – BUSINESS ENTITY ID

Business Entity ID should be completed using information on request letter. You may also contact the appropriate regional office as listed above to obtain this information

Line No.	Subject	Instruction
GENERAL INFORMATION - SECTION		
101 a and b	Reporting Period	The reporting period covers the period of time specified in the request letter (FROM) [date], (TO) [date]. Please use the date format MM/DD/YYYY
102	Entity Name	Enter the name under which you are registered 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/d.b.a.," enter N/A.
104 and 105	Mailing Address	Enter your mailing address (street, city, state, and zip+4). This is the address where all correspondence from PSD should be sent.
106 and 107	Operating Address	Enter the physical location of your operating address (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 annual 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: www.WebSiteName@domain.com
BOND INFORMATION – SECTION 2		
201	Number of Public Sale Days	Enter the number of day's livestock sales were conducted by the market.
202	Gross Value of Livestock	Enter the gross value of livestock sold on commission, for each category of livestock, during the reporting period.
203 a through e	Cost of livestock purchased as a dealer	Enter the cost for each category of livestock, and the total cost of livestock purchased on a dealer basis during the reporting period.
204 a through e	Cost of livestock bought on commission	Enter the cost for each category of livestock and the total cost of livestock purchased as an order buyer during the reporting period. You must include all livestock that you bought on commission regardless whether you or another entity paid for it.
205	Combined cost of livestock, per quarter	Enter the combined cost of livestock purchased as a dealer, and bought on commission, per quarter, during the reporting period.
206	Type of Livestock Purchased	Check the appropriate box to indicate the type of livestock the entity purchased for slaughter and/or feeding, during the reporting period.
207	Livestock Purchased for Feeding	Enter the gross dollar amount of all livestock purchased for feeding, during the reporting period.

Line No.	Subject	Instruction
208	Livestock Purchased for Slaughter	Enter the gross dollar amount of all livestock purchased for slaughter, during the reporting period.
209	Total Livestock Purchased	Enter the sum total of lines 208 and 209.
CERTIFICATION – SECTION 3		
301	Print Name	Print the name of the owner, officer, partner, or member responsible for this report.
302	Signature	The report must be signed by a responsible person.
303	Phone Number	Enter the phone number of the person signing the report.
304	Date	Enter the date the report is signed.
305	Title	Enter the title of the person signing the report.