

United States Department of Agriculture
 Agricultural Marketing Service
 Fair Trade Practices Program
 Packers and Stockyards Division

APPLICATION FOR REGISTRATION
(Under Packers and Stockyards Act, 1921, as Amended and Supplemented)

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

2. Trade Name/d.b.a. (if applicable) _____

3a. Mailing Address _____

3b. City _____ 3c. County _____ 3d. State _____ 3e. Zip _____

4a. Operating Address (if different from mailing address) _____

4b. City _____ 4c. County _____ 4d. State _____ 4e. Zip _____

5. Telephone _____ 6. Cell Phone _____ 7. Fax _____

8. E-Mail Address _____ 9. Web Site Address _____

10. Type of Livestock Handled (Check all that Apply)
 Cattle Swine Sheep and Goats Horses and Mules

11. Character of Business (Check Applicable Operations)

a. Market Agency: Buying on Commission (Order Buyer) Terminal Stockyard
 Clearing Service Brand Inspection
 Selling on Commission - (Select nature of SOC on line 12) Stockyard Owner _____

b. Dealer: Buying and Selling (if buying on order for others, select "11a. Buying on Commission")

c. Clearee Yes No d. Cleared by: _____

12. Indicate the Nature of your Selling on Commission activities

Posted Stockyard Commission Firm Video Internet Tele-Auction Catalog Sale Board Sale Other

13a. Type of Organization (Check One)

Association L.L.C. Other (Specify) _____
 Corporation L.L.P.
 Individual Partnership

13b. State Formed _____ 13c. Date Formed _____

14a. Owners, Partners, Members, or Officers (Name and Title)	14b. % Ownership	14c. Home Mailing Address (Number, Street, City, State, Zip+4 code)

15. Names and Locations of Posted Stockyards, Auction Markets, Feedlots, and Web Sites Where Applicant Will Operate

16. If Previously Registered, List All Registered Names and Addresses

17. Does Registrant Own or Lease a Scale(s) Used in the Purchase and Sale of Livestock Yes No

If yes, List Physical Location of Scale(s), Model, and Serial Number

18. Reporting Year End

Calendar Year Basis

Fiscal Year Basis:

to

19. Auction Market Sale Day(s)

Sun

Mon

Tue

Wed

Thu

Fri

Sat

Market Agency Selling on Commission - Custodial Account Information

20a. Bank

20b. Street

20c. City

20d. State

20e. Zip+4

20f. Telephone

20g. Contact Person

CERTIFICATION: I certify my current assets exceed my current liabilities, and, therefore meet the financial requirement of the Packers and Stockyards Act, 1921, as amended and supplemented; and the application for registration has been prepared by me or under my direction, and that to the best of my knowledge and belief, this application is true and correct.

21. Signature

21a. Print Name

22. Title

23. Date

Space Below: TO BE COMPLETED BY PACKERS & STOCKYARDS DIVISION

Registration No.

Date of Acceptance

Type of Registration

NEW

AMENDED

REACTIVATED

Registered as

MARKET AGENCY SELLING ON COMMISSION

DEALER

MARKET AGENCY BUYING ON COMMISSION

BRAND INSPECTION

MARKET AGENCY - CLEARING SERVICES

ALL OTHERS (DESCRIBE)

Registration is required in order to operate as a market agency or dealer subject to 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 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
Application For Registration
Form PSD 1000**

Form PSD 1000 is used by applicants to register their operation with the Packers and Stockyards Division (PSD) as a dealer buying and selling livestock for their own account or for the account of others, a market agency buying livestock on a commission basis, or a market agency selling livestock on commission. If any information is missing or incorrect, 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 under law, including a fine of not more than \$1,913.00 for each violation and not more than \$96.00 for each day it continues.

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 75 Ted Turner Drive SW, Ste 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, NH, NJ, NL, 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 PSD as listed above.

Applicants must complete lines 1 through 23, and sign line 21.

If any information for lines 15 and 16 does not fit into the space provided, attach a separate sheet of paper with the information and include the line number(s) referenced.

Line No.	Subject	Instruction
1	Name of Applicant to be Registered	If you will operate as an individual, enter your first name, middle initial and last name. If you will operate as a partnership, enter each partner's first name, middle initial and last name. If you will operate as a corporation, association, Limited Liability Partnership (L.L.P.), or Limited Liability Corporation (L.L.C.), enter the name of the corporation, association, L.L.P., or L.L.C.
2	Trade Name /d.b.a	Enter the trade name/d.b.a under which you, the applicant, will operate. This is the name the business will use. If you do not operate with a "Trade Name", enter "NA."
3a through 3e	Mailing Address	Enter your mailing address. Enter street, city, county, state, and zip+4. This is the address where all correspondence, regular and certified from the Packers and Stockyards Division should be sent.
4a through 4e	Operating Address	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.
5 through 8	Telephone, Cell Phone., Fax, and E-Mail Address	Enter the telephone number, including area code, where you may be reached, a cell phone number, a fax number, and, if applicable, the business' e-mail address.
9	Web Site Address (if applicable)	If you operate a web site in conjunction with your livestock operations, enter the complete Web site address the business operates. For example: www.WebSiteName.com
10	Type of Livestock Handled	Check the appropriate box(es) to indicate each type of livestock the business will be handling.
11a and 11b	Character of Business – Market Agency/Dealer	Check each type of operation that applies to the business. If you are completing the application as a stockyard owner, check the box for Stockyard Owner and add the name of the stockyard.
11c	Character of Business - Clearee	If you are named as a Clearee on another registrant's bonding instrument, check "Yes". If you provide your own bonding, check "No" or leave 11c blank.
11d	Character of Business - Cleared by	If you checked "Yes" on 11c, enter the registrant's name providing the bond coverage.
12	Nature of Selling on Commission Activities	Check the type(s) of selling on commission activity that best describes your business
13a through 13c	Type of Organization	Check the appropriate box to indicate the type of organization as it applies to the business' operation. If appropriate, enter the state where the Corporation, LLC, or LLP was formed on 13b., and the date the organization was formed on 13c.

Line No.	Subject	Instruction
14a through 14c	Owners, Members, Partners, Or Officers, (Name and Title), Percent Ownership Home Address (Street, City, State, Zip + 4 Code)	<p>For each owner and every partner, enter their name, title, respective percentage of ownership and home address (street, city, state, zip+4). Provide this information for every individual with any ownership interest, 10% or greater, in the applicant's operation.</p> <p>For every officer or member, enter their name, title, respective percentage of ownership, 10% or greater, and home address (street, city, state, zip+4).</p>
15	Names and location of posted stockyards, auction markets, feedlots, and web sites where applicant will operate	<p>IF APPLYING TO OPERATE AS A DEALER OR MARKET AGENCY, BUYING ON COMMISSION ORDER BUYER: Enter the stockyards and markets (including city and state) where you will conduct business. If you are a dealer or order buyer, buying in multiple states, insert "IN COMMERCE" as your answer.</p> <p>IF APPLYING TO OPERATE AS A MARKET AGENCY SELLING ON COMMISSION: Enter the address of the auction market, including city and state, where you will conduct business.</p> <p>IF OPERATING AT A WEB SITE: Enter the web site(s), other than your own, where you will be purchasing or selling livestock.</p>
16	If Previously Registered, Registered Name and Address	If you were previously registered with the Packers and Stockyards Division, enter the name(s) under which you were previously registered, and the street, city, state, and zip +4 code of the prior business(es).
17	Does the registrant own or lease a scale used in the purchase and sale of livestock?	Check the appropriate box to indicate if the registrant owns or leases a scale used in the purchase and sale of livestock. If yes, enter the location (address, city, state, and zip +4 code), model, and serial number of each scale, or attach a copy of the most recent scale test.
18	Reporting Year End	Every registrant is required to file an annual report on a prescribed form. Check the appropriate box to indicate whether the business is operating/filing on a calendar year or fiscal year basis, which should be the same as you file your income taxes. If operating/filing on a fiscal year basis, enter the beginning and ending dates of the business' fiscal year (for example, November 1 to October 31). If you are filing as a clearee, use the same filing date as the clearor.

Line No.	Subject	Instruction
19	Sale Days-Market Agency Selling on Commission	If the applicant intends to operate as an auction market, check the appropriate box(es) to indicate all of the days the market will conduct regular sales. Special sales need not be included on the application form.
20a through 20f	Market Agency Selling on Commission - Custodial Account	<p>Every market agency selling on commission is required to establish and maintain a separate bank account designated "Custodial Account for Shippers' Proceeds".</p> <p>For the bank where this account has been established, enter the name, address, telephone number, and the name of a contact person.</p> <p>More information about this account is available from the regional offices of the Packers and Stockyards Division included on Page 1 of this document</p>
CERTIFICATION		
21 and 21a	Signature (Owner, Partner, Or Responsible Officer or Member), Print Name	<p>The applicant must sign the application if operating as an individual.</p> <p>If the applicant is a partnership, the signature must be that of a partner.</p> <p>If the applicant is a corporation, association, L.L.C., or L.L.P., the signature must be that of an owner, officer, or member.</p> <p>Print the name of the person signing the application</p>
22	Title	Enter the title of the person signing the application.
23	Date	Enter the date the application is signed by the applicant.