OMB NO. 0581-0093

U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE

APPLICATION FOR CERTIFICATION OF ORGANIZATION OR ASSOCIATION

Organizations or associations must apply for certification by the Secretary to be eligible to participate in the making of nominations of cattle producers to serve as members of the Cattlemen's Beef Promotion and Research Board as provided in

the Beef Promotion and Research Act of 1985. Information submitted in response to all items must be complete. Please type or print clearly. Send form to:

Research and Promotion Division

Livestock and Poultry Program, AMS, USDA

Street

City, State, and Zip

FAX: (202) 720-1125

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. NAME AND ADDRESS OF ORGANIZATION (Street address or P.O. Box No., City, State, ZIP) | | | | | | | 2. TYPE OF ORGANIZATION (Please check one)  STATE CATTLE ASSOCIATION STATE GENERAL FARM  OTHER |
| TELEPHONE NO. (Include Area Code) | | | | FACSIMILE NO. (Include Area Code) | | |
| 3. STATE | 4. NUMBER OF PAID MEMBERS ENGAGED IN CATTLE PRODUCTION (Most RECENT FULL calendar year) | | | | | | 5. TOTAL ESTIMATED INVENTORY OF CATTLE OWNED BY PAID MEMBERS (Most RECENT FULL calendar year)  AS OF JAN. 1, 20 NO. |
| 6. AS EVIDENCE OF THE STABILITY AND PERMANENCY OF THE ORGANIZATION, GIVE: | | | | | | |
| A. No. of years in existence | | B. No. of paid members engaged in cattle production during each of the last four calendar years: | | | | |  |
| 20 | 20 | | 20 | 20 |
|  |  | |  |  |

C. Other Evidence (Explain)

I hereby certify that: (1) a primary or overriding purpose of this organization or association is to promote the economic welfare of cattle producers, and (2) the information provided in response to the above items is true, complete, and correct to the best of my knowledge. The Secretary of Agriculture may examine our books, documents, papers, records, files, and facilities to verify any of the information submitted and may procure such other information as may be required to determine this organization's or association's eligibility for certification.

7. NAME AND TITLE OF PERSON COMPLETING THE APPLICATION (Type or print)

9. SIGNATURE

8. EMAIL ADDRESS (name@provider.com) 10. DATE

LP-25 (Expiration Date XX/XX/XXXX) *See reverse for burden/non-discrimination statement*

LP-25 (Expiration Date XX/XX/XXXX)

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 collection is 0581-0093. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintain the data needed, and completing and review the collection of information.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 Agency 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 may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint\_filing\_cust.html and 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: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW., Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.