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

NAME AND ADDRESS OF ORGANIZATION (Street address or P.O. Box No., City, State, ZIP)							TYPE OF ORGANIZATION (Please check one)	
								STATE CATTLE ASSOCIATION
								STATE GENERAL FARM
TELEPHONE NO. (Include Area Code)				FACSIMILE NO. (Include Area Code)			a Code)	OTHER
3. STATE	MBERS EN	ERS ENGAGED IN CATTLE PRODUCTION ar)				5. TOTAL ESTIMATED INVENTORY OF CATTLE OWNED BY PAID MEMBERS (Most RECENT FULL calendar year)		
								AS OF JAN. 1, 20 NO
6. AS EVIDEN	CE OF THE ST	ABILITY AND) PERMAN	IENCY OF TH	E ORGANIZ	ATION	, GIVE:	
A. No. of years in existence		B. No. of paid members engaged in cattle production during each o			h of the las			
		20 20			20		20	_
C. Other Evide	ence (Explain)							
L hereby cort	ify that: (1) a	nrimany or	overridin	a nurnose o	f this orga	nizatio	n or accociation	on is to promote the economic welfare of
cattle produc knowledge.	cers, and (2) The Secretar submitted a	the informa y of Agricul nd may pro	ation prov ture may	rided in resp examine ou	onse to th Ir books, d	e abov	ve items is true ents, papers, re	e, complete, and correct to the best of my ecords, files, and facilities to verify any of the determine this organization's or association's
7. NAME AND TITLE OF PERSON COMPLETING THE APPLICATION (Type or print)						9.	SIGNATURE	
B. EMAIL ADDRESS (name@provider.com)						10	. DATE	

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.

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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. USDA is an equal opportunity provider, employer, and lender.