

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

PACKER INQUIRY

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 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	Legal Business Name				
103	Trade Name/DBA				
104	Mailing Address				
105	City, State, Zip+4				
106	Physical Address				
107	City, State, Zip+4				
108	Contact Name				
109	Contact Telephone		110	Fax	
111	E-Mail Address		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			

COST OF LIVESTOCK PURCHASED - SECTION 3

301	Total cost of all livestock purchased for your account during the reporting period	\$
-----	--	----

OPERATION - SECTION 4

401	Number of days livestock was purchased during the reporting period .	
402	Does the firm purchase livestock for slaughter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
403	Does the firm purchase livestock for slaughter from outside the State in which slaughtered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
404	Does the firm sell or ship any meat or meat food products outside the State where such meat or meat food products are processed or prepared by it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
405	Does the firm sell or ship meat or meat food products processed or prepared by it to the U.S. Government agencies (i.e. military installations, hospitals, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
406	Do you operate as a wholesale broker, dealer, or distributor in commerce to market meat, meat food products, or livestock products in an unmanufactured form?	<input type="checkbox"/> Yes <input type="checkbox"/> No

LIVESTOCK SLAUGHTERED - SECTION 5

- 501 Livestock slaughtered by the firm for its own account.
- 502 Livestock slaughtered by others for the firm's account. (i.e. Custom Killed for the firm at other locations.
- 503 Livestock slaughtered by the firm for the accounts of others. (i.e. Custom Killed)

Number of Head			
Cattle	Calves	Hogs	Sheep/Goats

504 FSIS or State Establishment Number of Firm where livestock is processed.

Note: Under Remarks (Section 6), list name and address of each person or firm for or by whom at least 100 head were slaughtered during the reporting period. List the State or Federal Establishment number(s) of each firm, as applies.

REMARKS - SECTION 6

601 Use this space for additional information or explanation for lines 502 and 503, making reference to item number. Continue on additional page if necessary.

CERTIFICATION - SECTION 7

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.

701 Print Name

702 Signature

703 Phone Number

704 Date

705 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 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 provided 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
Packer Inquiry
Form PSD 1400**

This form is used by any entity engaged in business as a packer and is required by Section 201.94 of the regulations under the Packers and Stockyards Act, 1921 (Act), as amended and supplemented, to provide the information required by Form PSD 1400.

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. Section 10 of the FTC Act, made applicable by Section 402 of the Act (7 U.S.C. 222).

Submit the completed form to the PSD regional office that covers your area. The Areas 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		
Eastern Regional Office 75 Ted Turner Drive SW, Ste 230 Atlanta, GA 30303-3308 Telephone: (404) 562-5840 FAX: (404) 562-5848 E-mail: PSDAtlantaGA@ams.usda.gov	Midwestern Regional Office 210 Walnut Street, Room 317 Des Moines, IA 50309-2110 Telephone: (515) 323-2579 FAX: (515) 323-2590 E-mail: PSDDesMoinesIA@ams.usda.gov	Western Regional Office 3950 Lewiston St., Suite 200 Aurora, CO 80011-1556 Telephone: (303) 375-4240 FAX: (303) 371-4609 E-mail: PSDDenverCO@ams.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	IA, IL, IN, KY, MB, MI, MN, MO, ND, NE, OH, ON, SD, WI	AB, AK, AZ, BC, CA, CO, HI, ID, KS, MT, NM, NV, OK, OR, SI, SK, TX, UT, WA, WY

Additional copies of this form may be obtained from the regional office covering your area, or on our website located at <https://www.ams.usda.gov/resources/forms>. All inquiries concerning any section or part of a section contained in the form can also be addressed to the regional office.

Line No.	Subject	Instructions
GENERAL INFORMATION – SECTION 1		
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 legal name under which you are operating.
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 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.

Line No.	Subject	Instructions
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: www.WebSiteName@domain.com
ORGANIZATIONAL STRUCTURE – SECTION 2		
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 in the applicant's operation. The person signing this report on line 702, must be listed in this section.
COST OF LIVESTOCK PURCHASED – SECTION 3		
301	Livestock Purchased	Enter the total cost of livestock purchased for your account during the reporting period.
OPERATION – SECTION 4		
401	Number of Days	Indicate the number of days' livestock was purchased during the reporting year.
402	Livestock for Slaughter	Check the appropriate box to indicate if the firm purchases livestock for slaughter at terminal stockyards, auction markets or other sources.
403	Livestock for Slaughter Outside the State	Check the appropriate box to indicate if the firm purchases livestock for slaughter from outside the State in which it is slaughtered.
404	Selling Meat Outside the State Meat is Manufactured	Check the appropriate box to indicate if the firm sells or ships any meat or meat food products outside the State where the meat or meat food products are manufactured.
405	Selling Meat to U.S. Government Agencies	Check the appropriate box to indicate if the firm sells or ships meat or meat food products manufactured or prepared by it to U.S. Government agencies.

Line No.	Subject	Instructions
406	Wholesale Broker, Dealer, or Distributor	Check the appropriate box to indicate if the firm operates as a wholesale broker, dealer, or distributor in commerce to market meat, meat food products, or livestock products in an unmanufactured form.
LIVESTOCK SLAUGHTERED – SECTION 5		
501	Slaughtered on Firm's Account	Enter the number of head of livestock that was slaughtered by the firm for its own account by each category of livestock.
502	Slaughtered by Others For the Firm	Enter the number of head of livestock that was slaughtered by others for the firm's account by each category of livestock. Enter additional comments on line 601.
503	Slaughtered For Others	Enter the number of head of livestock slaughtered for others by each category of livestock. Enter additional comments on line 601
504	Establishment Number	Enter the FSIS or State Establishment number of the firm where livestock is slaughtered.
REMARKS – SECTION 6		
601	Remarks	Use line 601 for additional information or explanation for lines 502 and 503, making reference to the line number. Continue on additional page if necessary.
CERTIFICATION – SECTION 7		
701	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
702	Signature	The report must be signed by a responsible person, listed on lines 204-208. Electronic signatures are considered valid.
703	Phone	Enter the phone of the person who signed the report.
704	Date	Enter the date the form is signed.
705	Title	Enter the title of the person signing the form.