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

APPLICATION FOR REGISTRATION PACKER BUYER

Buying only for Slaughter as an Employee of a Meat Packer (Under the Packers and Stockyards Act, 1921, as Amended and Supplemented)

		(Under the Packers and S	tockyards Act, 1921, as Ameno	ied and Supplemented)	
1.	Name of Applicant to Be Registered (Individual or	Firm)			
2a.	Mailing Address				
2b.	City	2c. County	2d. State	2e. Zip+4	
3a.	Operating Address (If different from mailing address	ess listed above)			
3b.	City	3c. County	3d. State	3e. Zip+4	
4.	Telephone	5. Cell Phone	6. Fax		
7.	E-Mail Address				
8.	Type of Livestock To Be Purchased for Slaughter (Check all that Apply)				
	☐ Steers and Heifer	☐ Swine			
	Cows and Bulls	☐ Sheep and Goats			
	☐ Calves	☐ Horses and Mules			
9.	Names and Locations of Posted Stockyards, Feedle	ots, or Web Sites where you will purcha	ase livestock		
10.	If you operate a buying station for your employer,	ist name, city, state and zin +4			
101	in your operation would interpret your outproject,				
11.	If previously registered list all registered name(s) a	nd address(es)			
11.	in proviously registered hist an registered hame(s) e	and dadress(es)			
12			() 1: ()0.10	1, 1, 11, 1, 10, 10, 1	
12.	Do you own an interest in other dealer organization go to item no. 13 in the form.	n(s), market agency(s), stockyard comp	vany(s), or packing company(s)? If yes	, complete the table below. If not,	
☐ Yes ☐ No					
	12a. Name of other Organization	12b. Location	(City, State, Zip+4 Code)	12c. % Control by Applicant	
				Турпсин	

CERTIFICATION:		fy the information provided on this form is true and correct to the cer, or have been authorized by responsible management to certify		ge and
3a. Signature of App		13b. Print name of Applicant:	13c.	Date:
		PACKER EMPLOYER		
ERTIFICATION:	The above applicant is emp	loyed by our firm to buy the livestock identified on line 8 for slaugh	ter purposes only.	
4a. Signature of Em	ployer:	14b. Print name:	14c.	Date:
5. Official Title:				
6. Name of Firm:				
7. Address:		18. Telephone:		
9. Email Address:		20. Website, if applica	ble:	
		Do Not Complete: Completed by Packers & Stockyards Div	ision	
Registration No.				
Date of Acceptance				

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 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 Application for Registration Packer Buyer Form PSD 1100

Applicants employed by a packer on salary or other compensation and buying livestock for such packer use form PSD 1100 to register as a packer buyer. If any information is missing or incorrect, the Packers and Stockyards Division (PSD) will return the application form to the principal for completion or correction.

Operating without proper registration and bond may subject the principal to severe civil penalties as authorized by law for each violation, and additional penalties for each day the violation continues (7 U.S.C § 203).

Submit the completed form to the PSD regional office where the PACKER is bonded. 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	Midwestern Regional Office	Western Regional Office		
75 Ted Turner Drive SW, Ste 230	210 Walnut Street, Room 317	3950 Lewiston St., Suite 200		
Atlanta, GA 30303-3308	Des Moines, IA 50309-2110	Aurora, CO 80011-1556		
Telephone: (404) 562-5840	Telephone: (515) 323-2579	Telephone: (303) 375-4240		
FAX: (404) 562-5848	FAX: (515) 323-2590	FAX: (303) 371-4609		
e-mail:	E-mail:	E-mail:		
PSDAtlantaGA@ams.usda.gov	PSDDesMoinesIA@ams.usda.gov	PSDDenverCO@ams.usda.gov		
Areas Covered	Areas Covered	Areas Covered		
AL, AR, CT, DC, DE, FL, GA,	IA, IL, IN, KY, MB, MI, MN,	AB, AK, AZ, BC, CA, CO, HI,		
LA, MA, MD, ME, MS, NC,	MO, ND, NE, OH, ON, SD, WI	ID, KS, MT, NM, NV, OK, OR,		
NH, NJ, NL, NY, PA, PR, QC,		SI, SK, TX, UT, WA, WY		
RI, SC, TN, VA, VT, WV				

If you have any questions about the form or completing the form, please contact the PSD Regional Office that covers your area, as listed above.

Packer-buyer must complete Lines No. 1 through 12 and sign and complete Line No. 13.

The Packer must complete Line 14 through 20.

	Subject	Instruction
1	Name of	Enter the name of the individual to be registered.
	Applicant to be	
	Registered	
2a	Mailing Address	Enter your mailing address, including street, city, county,
through		state, and zip+4. This is the address where all correspondence
2e		from the Packers and Stockyards Division will be sent.

	Subject	Instruction			
3a through 3e	Operating Address (if different from	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.			
4 Phone		Enter the phone number where you can be reached.			
5	Cell	Enter your cellphone number.			
6	Fax	Enter your fax number.			
7	E-Mail Address	Enter your e-mail address.			
8	Livestock to be Purchased for Slaughter	Check the appropriate box to indicate each class of livestock you will be purchasing for slaughter.			
9	Names and locations of posted stockyards, feedlots, or websites	Enter the name and address, including city and state, of each of the posted stockyards, feedlots, or web sites where you will purchase livestock for slaughter.			
10	If you operate a buying station	Enter the name and address, including city, state, and zip+4 where you operate a buying station.			
11	If previously registered, list registered name and address.	If you were previously registered with the Packers and Stockyards Division list each of the name(s) under which you were previously registered, and the address(es) of the prior business(s).			
12	Do you own an interest in other operations	If you currently operate as, or own any interest in, any dealer organization(s), market agency(s), stockyard company(s), or packing company(s), check "Yes" and provide details in the next section, otherwise, check "No."			
12a	Name, Location,	Enter the name(s), location, including city, state, and zip+4,			
through	Percentage of	and the percentage of control or ownership that you maintain			
12c	Control	in any of the businesses.			
13a	Signature of	The applicant must sign the application and print the name of			
through	Applicant, Print	the person signing. Enter the date the form was signed.			
13c	Name, and Date				
THIS SECTION IS TO BE COMPLETED BY THE PACKER-EMPLOYER.					
14a	Signature of	An authorized officer of the packer-employer must sign the			
through 14c	Employer, Print Officer's name, Date	form, print their name, and enter the date the form was signed.			
15	Official title	Enter the official title of the officer signing the application.			
16	Name of Firm	Enter the full name of the employing packer firm.			
17	Address	Enter the address, including city, state and zip+4 of the packer firm.			
18	Telephone	Enter the telephone number of the packer firm.			
19	Email Address	Enter the email address of the packer firm.			
20	Website Address, if applicable	Enter the website address of the packer firm, if applicable.			