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FORM APPROVED. - OMB NO. 0581- 0093

U.S. DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE

APPLICATION FOR CERTIFICATION OF ORGANIZATION OR ASSOCIATION

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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, Poultry, and Seed Program, AMS
U.S. Department of Agriculture, Room 2610-S
1400 Independence Avenue, SW., STOP 0249
Washington, D.C. 20250-0249
FAX: 202/720-1125

1. NAME AND ADDRESS OF ORGANIZATION (Street address or P.O. Box No., City, State, ZIP)

TELEPHONE NO. AND AREA CODE

FACSIMILE NO. AND AREA CODE

2. TYPE OF ORGANIZATION
(Please check one)

- ☐ STATE CATTLE ASSOCIATION
- ☐ STATE GENERAL FARM
- ☐ OTHER_____

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. E-MAIL ADDRESS (name@provider.com)

10. DATE