## 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,		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.
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	Subject	Instruction	
3a through 3e	Operating Address (if different from mailing address)	Enter the operating address and/or physical location. Enter street, city, county, state, and zip+4. This is the address where	
4	Phone	you conduct your business services.	
5	Cell	Enter the phone number where you can be reached.	
6	Fax	Enter your cellphone number.  Enter your fax number.	
7	E-Mail Address	Enter your e-mail address.	
8	Livestock to be	Check the appropriate box to indicate each class of livestock	
O	Purchased	you will be purchasing for slaughter.	
	for Slaughter	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 <b>must</b> sign the application and print the name of	
through 13c	Applicant, Print Name, and Date	the person signing. Enter the date the form was signed.	
THIS SECTION IS TO BE COMPLETED BY THE PACKER-EMPLOYER.			
14a	Signature of	An authorized officer of the packer-employer must sign the	
through	Employer, Print	form, print their name, and enter the date the form was signed.	
14c	Officer's name,		
1 5	Date		
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.	