

**Instructions to Complete
Application for Registration
Packer Buyer
Form P&SP – 1100**

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

Operating without proper registration and bond may subject the principal to penalties including a fine of \$550 for each violation and \$27.50 for each day it continues.

After completing the application for registration, the applicant should retain a copy for their files and mail the completed form with original signature to the regional office of the Packers and Stockyards Program as listed below. The states covered by each regional office are listed below the regional office's address.

| Regional Offices of the Packers and Stockyards Program Grain Inspection, Packers and Stockyards Administration | | |
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| Eastern Regional Office Suite 230 75 Spring Street Atlanta, GA 30303-3308 Telephone: (404) 562-5840 FAX: (404) 562-5848 e-mail: PSPAtlantaGA.GIPSA@usda.gov | Western Regional Office 3950 Lewiston St., Suite 200 Aurora, CO 80011-1556 Telephone: (303) 375-4240 FAX: (303) 371-4609 e-mail: PSPDenverCO.GIPSA@usda.gov | Midwestern Regional Office Room 317 210 Walnut Street Des Moines, IA 50309-2110 Telephone: (515) 323-2579 FAX: (515) 323-2590 e-mail: PSPDesMoinesIA.GIPSA@usda.gov |
| States Covered | States Covered | States Covered |
| AL, AR, CT, DC, DE, FL, GA, LA, MA, MD, ME, MS, NC, NH, NJ, NY, PA, RI, SC, TN, VA, VT, WV | AK, AZ, CA, CO, HI, ID, KS, MT, NM, NV, OK, OR, TX, UT, WA, WY | IA, IL, IN, KY, OH, MI, MO, MN, ND, NE, SD, WI |

Packer-buyer must complete Items No. 1 through 14 and sign and complete Item No. 15.

The Packer must complete Item 16.

| Line No. | Subject | Instruction |
|---------------|------------------------------------|---|
| 1 | Name of Applicant to be Registered | Enter the name of the individual or firm to be registered. |
| 2 | | |
| 3a through 3d | Mailing Address | Enter your mailing address, including street, city, state, and 9-digit zip code. This is the address where all correspondence from the Packers and Stockyards Program will be sent. If you conduct your business services at another location, enter that address in lines 4a through 4d. |
| 4a through 4d | Operating Address | Enter the street, city, state, and zip code of the physical location where you operate. This is the address where you conduct your business services. If there is a separate mailing address for correspondence to be sent, enter that address on lines 3a through 3d. |
| 5a through 5b | County, Country | Enter the county and country where you conduct your operation. |
| 6 | Telephone No. | Enter the telephone number including area code where you can be reached during the hours of 8:00 a.m. to 5:00 p.m. local time. |
| 7 | Cell No. | Enter your cellular phone number. |
| 8 | Fax No. | Enter the firm's fax number. |
| 9 | E-Mail Address | Enter the firm's e-mail address or that of one of the owners. |

| Line No. | Subject | Instruction |
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| 10 | Livestock to be Purchased | Check the appropriate box to indicate each category of livestock you will be purchasing. |
| 11 | Names and Locations of Posted Stockyards, Feedlots, or Websites... | Enter the name and address of each of the posted stockyards, feedlots, or web sites. Include city and state where you will purchase livestock. |
| 12 | If You Operate a Buying Station | Enter the name and address, including city and state, where you operate a buying station. |
| 13 | If Previously Registered, List Registered Name and Address | If you or your business was previously registered with the Packers and Stockyards Program, list each of the name(s) under which you or your business was previously registered, and the address(s) of the prior business(s). |
| 14a | Do You Own An Interest In Other | 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." |
| 14b through 14d | Name, Location, Percent Control | Enter the name(s), location, including city, state, and zip, and the percentage of control or ownership that you maintain in any of the businesses. |
| 15a through 15c | Signature of Applicant, Title, Date | The applicant must sign the application, enter relevant title, if any, and enter the date the form was signed. |
| THIS SECTION IS TO BE COMPLETED BY THE PACKER-EMPLOYER. | | |
| 16 (a) | Signature | An authorized officer of the packer-employer must sign the form. |
| 16 (b) | Official title | Enter the official title of the officer signing the application. |
| 16 (c) | Name of Firm-Address | Enter the full name, address, and telephone number of the employing packer firm. |
| 16 (d) | Date | Enter the date the application is signed by the packer-employer. |