U.S. DEPARTMENT OF AGRICULTURE
GRAIN INSPECTION, PACKERS AND STOCKYARDS ADMINISTRATION
PACKERS AND STOCKYARDS PROGRAM

APPLICATION FOR REGISTRATION

(Under Packers and Stockyards Act, 1921, as Amended and Supplemented)

1. Name of Applicant to Be Registered (Individual or Firm)

2. Trade Name or All Known Aliases

3a. Mailing Address

3b. City | 3d. State | 3e. Zip

3c. County | 3f. Country

4a. Operating Address

4b. City | 4d. State | 4e. Zip

4c. County | 4f. Country

5. Telephone No. | 6. Cell Phone No. | 7. Fax No.

8. E-Mail Address

9. Web Site Address

10. Type of Livestock Handled (Check All That Apply):
❑ Cattle ❑ Swine ❑ Sheep and Goats ❑ Horses and Mules

11. Character of Business (Check Applicable Operations):

a. Market Agency: ❑ Buying on Commission ❑ Selling on Commission
❑ Clearing Service ❑ Other (Specify) _____

b. Dealer: ❑ Buying and Selling

c. Clearee: ❑ Yes ❑ No d. Cleared By: _____

12a. Type of Organization (Check One)

❑ Association ❑ L.L.C. ❑ Other (Specify) _____
❑ Corporation ❑ L.L.P.
❑ Individual ❑ Partnership

12b. State Formed | 12c. Date Formed

13a. Owners, Partners, Members, or Officers (Name and Title)	13b. % Ownership		13d. Home Mailing Address (Number, Street, City, State, Zip Code)

14. Names and Locations of Posted Stockyards, Auction Markets, Feedlots, and Web Sites Where Applicant Will Operate

15. If Previously Registered, List All Registered Names and Addresses

16. Does Registrant Own/Lease a Scale(s) Used in the Purchase and Sale of Livestock?

❑ No ❑ Yes (Give Physical Location of Scale(s); Street, City, State, Zip Code, Model, and Serial Number)

17. Registrant Will Operate on

❑ Calendar Year ❑ Fiscal Year Basis: _____ to _____

18. If Applicable, Sale Day(s)

❑ Sun ❑ Mon ❑ Tue ❑ Wed ❑ Thu ❑ Fri ❑ Sat

Market Agency Selling on Commission – Custodial Account Information

19a. Bank		19b. Account No.	
19c. Street	19d. City	19e. State	19f. Zip
19g. Telephone		19h. Contact Person	

CERTIFICATION I certify that the financial condition of the applicant meets the requirements of the Packers And Stockyards Act, 1921, as amended and supplemented and the application for registration has been prepared by me or under my direction and that to the best of my knowledge and belief this application is true and correct.

20. Signature and Title (Owner, Partner, or Responsible Officer)

21. Date

Space Below: Not to Be Filled In By the Applicant

Registration Number Date of Acceptance

Type of Registration

❑ SUPPLEMENTAL ❑ REACTIVATED ❑ NEW ❑ AMENDED ❑ RENEWAL

Registered As

❑ MARKET AGENCY ❑ DEALER ❑ MARKET AGENCY & DEALER ❑ BRAND INSPECTION

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 collection is 0580-0015. The time required to complete this information collection is estimated to average 1 hour 30 minutes 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.

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Instructions To Complete
Application For Registration
Form P&SP – 1000

Form P&SP-1000 is used by applicants to register their operation with the Packers and Stockyards Program as a dealer buying and selling livestock for their own account or for the account of others, a market agency buying livestock on a commission basis, or a market agency selling livestock on commission. 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 under law, including a fine of not more than $550 for each violation and not more than $27.50 for each day it continues.

Submit the completed form 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**		
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

If you have any questions about the form or completing the form, please contact the appropriate regional office of the Packers and Stockyards Program as listed above.

Applicants must complete lines 1 through 19 and 21 and sign line 20.

If any information for lines 15 and 16 does not fit into the space provided, attach a separate sheet of paper with the information.

Line No.	Subject	Instruction
1	Name of Applicant to be Registered	If you will operate as an individual, enter your first name, middle initial, and last name. If you will operate as a partnership, enter each partner's first name, middle initial and last name. If you will operate as a corporation, association, Limited Liability Partnership (L.L.P.), or Limited Liability Corporation (L.L.C.), enter the name of the corporation, association, L.L.P., or L.L.C.
2	Trade Name or Alias	Enter the trade name under which you, the applicant will operate. This is the name the business will use. If you do not operate with a "Trade Name" or an "Alias," enter "N/A."
3a through 3f	Mailing Address	Enter your mailing address. Enter street, city, county, state, zip +4 code, and country. This is the address where all correspondence from the Packers and Stockyards Program will be sent.
4a through 4f	Operating Address	Enter the physical location of your operating address. Enter street, city, county, state, zip +4 code, and country. This is the address where you conduct your business services.

Line No.	Subject	Instruction
5	Telephone No.	Enter the telephone number, including area code, where you may be reached during the hours of 8:00 a.m. to 5:00 p.m. local time.
6 through 8	Cell Phone No., Fax No., and E-Mail Address	Enter the business' e-mail address, if applicable, fax number, and cell phone number.
9	Web Site Address (if applicable)	If you operate a web site in conjunction with your livestock operations, enter the complete Web site address the business operates. For example: www.WebSiteName.com
10	Type of Livestock Handled	Check the appropriate box to indicate each type of livestock the business will be handling.
11 a and b	Character of Business – Market Agency/Dealer	Check each type of operation that applies to the business. If you are completing the application as a stockyard owner, check the box for Other and specify "stockyard owner" and the name of the stockyard.
11c	Character of Business - Clearee	If you are providing your own bonding instrument, please check the no box or leave 11c blank.
11d	Character of Business - Cleared by	If you are named as a Clearee on another registrant's bonding instrument, check the yes box and enter the registrant's name providing the bond coverage.
12a through 12c	Type of Organization	Check the appropriate box to indicate the type of organization as it applies to the business' operation. If appropriate, enter the state where the organization was formed, and the date the organization was formed.
13a through 13d	Owners, Partners, Or Officers, (Name and Title) Percent Ownership Mailing Address (Number Street, City, State, Zip Code)	For each owner 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. For every officer, enter their name, and title.
14	Names and Location of Posted Stockyards, Auction Markets, Feedlots, and Web Sites Where Applicant Will Operate	**IF APPLYING TO OPERATE AS A DEALER OR MARKET AGENCY, BUYING ON COMMISSION:** Enter "In Commerce" or, if desired, enter the stockyards and markets (including city and state) where you will conduct business. **IF APPLYING TO OPERATE AS A MARKET AGENCY SELLING ON COMMISSION:** Enter the address of the auction market, including city and state, where you will conduct business. **IF OPERATING AT A WEB SITE:** Enter the web site(s), other than your own, where you will be purchasing or selling livestock.
15	If Previously Registered, Registered Name and Address	If you or your business was previously registered with the Packers and Stockyards Program, enter the name(s) under which your or your business was previously **registered,** and the street, city, state, and 9-digit zip code(s) of the prior business(es).
16	Does the Registrant Own or Lease a Scale Used in the Purchase and Sale of Livestock?	Check the appropriate box to indicate if the registrant owns or leases a scale used in the purchase and sale of livestock. If yes, enter the location (address, city, state, and zip +4 code), model, and serial number of each scale.
17	Registrant Will Operate On	Every registrant is required to file an annual report on a prescribed form. Check the appropriate box to indicate whether the business is operating/filing on a calendar year or fiscal year basis. If operating/filing on a fiscal year basis, enter the beginning and ending dates of the business' fiscal year (for example, November 1 to October 31)

Line No.	Subject	Instruction
18	Sale Days (If applicable)	If the applicant intends to operate as an auction market, check the appropriate box to indicate all of the days the market will conduct regular sales. Special sales need not be included on the application form.
19a through 19h	Market Agency Selling on Commission - Custodial Account Number	Every market agency selling on commission is required to establish and maintain a separate bank account designated Custodial Account for Shippers' Proceeds. For the bank where this account has been established, enter the name, the number of the account at the bank, address, telephone number, and the name of a contact person. More information about this account is available from the regional offices of the Packers and Stockyards Program included above.
CERTIFICATION The applicant must certify that its current assets exceed its current liabilities (and therefore, meets the financial requirements of the Packers and Stockyards Act).		
20	Signature and Title (Owner, Partner, Or Responsible Officer)	The applicant **must** sign the application if operating as an individual. If the applicant is a partnership, the signature **must** be that of a partner. If the applicant is a corporation, association, L.L.C., or L.L.P., the signature **must** be that of an owner or officer. Enter the title of the person signing the application.
21	Date	Enter the date the application is signed by the applicant.