

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

LIVE POULTRY DEALER INQUIRY

Section 1 - General Information

1. Name and Address 3a. Telephone No. 3b. Fax No. 3c. Cell Phone No. 4. E-mail Address		2. Type of Organization <input type="checkbox"/> Association <input type="checkbox"/> L.L.C. <input type="checkbox"/> Corporation <input type="checkbox"/> L.L.P. <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ (Specify)	
3a. Telephone No. 3b. Fax No. 3c. Cell Phone No.		5. State Formed: _____ Date Formed: _____	
4. E-mail Address		6. If firm operates on a fiscal year, list fiscal year: From: _____ To: _____	
7a. Name and Mailing Address of Owners, Officers, Directors, and/or Partners	7b. Social Security Number*	7c. Title	7d. % Ownership

Section 2 - Description Of Business

8. The poultry firm is a (check all that apply)

<input type="checkbox"/> Slaughterer	<input type="checkbox"/> Broker (live)	<input type="checkbox"/> Meat Dealer or Broker
<input type="checkbox"/> Processor	<input type="checkbox"/> Dealer (live)	

*The Privacy Act of 1974 requires this agency to inform applicants that disclosures of social security numbers are optional and that the information sought on this form is required by Section 201.10 of the regulations issued under the Packers and Stockyards Act, 1921, as amended and supplemented (9 CFR 201.10). The sole use of the social security number(s) sought on this form is to distinguish between applicants and registrants that have identical or similar names. As this Agency maintains a large volume of applications and registrations, applicants are encouraged to supply social security numbers.

