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

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	Enter the name of the individual or firm to be registered.	
	Registered		
2			
3a	Mailing Address	Enter your mailing address, including street, city, state, and 9-digit zip code. This is	
through		the address where all correspondence from the Packers and Stockyards Program will	
3d		be sent. If you conduct your business services at another location, enter that address	
		in lines 4a through 4d.	
4a	Operating Address	Enter the street, city, state, and zip code of the physical location where you operate.	
through		This is the address where you conduct your business services. If there is a separate	
4d		mailing address for correspondence to be sent, enter that address on lines 3a through	
		3d.	
5a	County, Country	Enter the county and country where you conduct your operation.	
through			
5b			
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.	

P&SP-1100-i Page 1 of 2

Line No.	Subject	Instruction		
10	Livestock to be Purchased	Check the appropriate box to indicate each category of livestock you will be purchasing.		
11	Names and Locations of	Enter the name and address of each of the posted stockyards, feedlots, or web sites.		
	Posted Stockyards,	Include city and state where you will purchase livestock.		
	Feedlots, or Websites			
12	If You Operate a Buying	Enter the name and address, including city and state, where you operate a buying		
	Station	station.		
13	If Previously Registered,	If you or your business was previously registered with the Packers and Stockyards		
	List Registered Name and	Program, list each of the name(s) under which you or your business was previously		
	Address	registered, and the address(s) of the prior business(s).		
14a	Do You Own An Interest In	If you currently operate as, or own any interest in, any dealer organization(s), market		
	Other	agency(s), stockyard company(s), or packing company(s), check "Yes" and provi		
		details in the next section, otherwise, check "No."		
14b	Name, Location, Percent	Enter the name(s), location, including city, state, and zip, and the percentage of		
through	Control	control or ownership that you maintain in any of the businesses.		
14d				
15a	Signature of Applicant,	The applicant <b>must</b> sign the application, enter relevant title, if any, and enter the date		
through	Title, Date	the form was signed.		
15c				
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.		

P&SP-1100-i Page 2 of 2

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

## APPLICATION FOR REGISTRATION PACKER BUYER

Buying Only for Slaughter as an Employee of a Meat Packer (Under the Packers and Stockyards Act, 1921, as Amended and Supplemented)

DI D 1 / T	(Under the Packers and Stockyard	s Act, 1921, as Amend	iea ana Supplementea)			
Please Print or Type (1) Name of Applicant to Be Regi	into and (Indicaided on Fines)	(2)				
(1) Name of Applicant to Be Regi	stered (individual of Firm)	(2)				
(3a) Mailing Address						
(3a) Maining Address						
(3b) City		(3c) State	(3d) Zip Code			
(30) City		(3c) State	(3d) Zip Code			
(4a) Operating Address (if different	nt from mailing address listed above	ve)				
(14) Operating Hadress (if differen	ne from maning address listed above	(0)				
(4b) City		(4c) State	(4d) Zip Code			
		( ),	() P			
(5a) County	(5b) Country					
(0.0) 2 0 0.000	(00)					
(6) Telephone No.	(7) Cell No.	(8) Fax No.				
(*)	(1) 5522 5165	(0) - 33 101				
(9) E-mail Address						
(*)						
(10) Livestock to Be Purchased (c	check all that apply)					
☐ Feeder Cattle	☐ Cows and Bulls	☐ Sheep and	d Goats			
☐ Fed Cattle	☐ Calves	☐ Horses an				
☐ Steers and Heifers	☐ Swine	_ 1101000	id ividios			
	ed stockyards, feedlots, or web sites	s where you will n	urobaca livestock			
(11) Ivanies and rocations of posts	d stockyards, recards, or web site.	s where you will p	urchase investoer			
(12) If		11				
(12) If you operate a buying station for your employer, list name and location						
(13) If previously registered, list a	all registered name(s) and address(e	es)				
(14a) Do you own an interest in o	ther dealer organization(s), market	agency(s) stocky	ard company(s) or			
packing company(s)?	ther dearer organization(5), market	agency (s), stocky	ara company (b), or			
☐ Yes (complete table below	v)	item 15 in the form	n)			
(14b) Name of other	(14c) Location (City, State		(14d) Percent of			
Organization	(14c) Location (City, State,	, Zip Code)	Control by			
Organization			Applicant			
			•			

Form P&SP-1100 Page 1 of 2

## Certification: To the best of my knowledge and belief, the foregoing statements are true and correct. (15a) Signature of Applicant (15b) Title (if any) (15c) Date For Completion By Packer-Employer The above applicant is employed by our firm to buy the livestock identified in item no. 10 for slaughter purposes only. (16a) Signature (16b) Official Title (16c) Name of Firm (16f) Date (16d) Address (16e) Telephone No. Do Not Complete: For Official Use Only Registration No. Registered As Dealer

Remarks

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Registration is required in order to operate as a market agency or dealer as defined in Section 301 (7 U.S.C. 201) of 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.

Form P&SP-1100 Page 2 of 2