

USA APPLICANT FORM
SUPPLEMENTAL INFORMATION

Note: The following information is submitted to supplement applicant's request for assignment of NAAB-ICAR STUD CODE (AI Center Number) and is incorporated by reference as a part of said application.

Applicant (please print) _____

Date _____

I. NAMES AND ADDRESSES OF OWNER(S):

II. TYPE OF ORGANIZATION:

Corporation Partnership Cooperative Individual Other

III. BUSINESS ACTIVITY

A. Date business activity initiated _____

B. Semen Production and Sale

1. Number of bulls you own _____ Number of bulls enrolled in NAAB Cross Reference Program? _____

2. Breed(s) of bulls you own _____

3. Approximate number of units of semen sold and marketed through insemination service and direct semen sales during your last fiscal year.

United States:		Other Countries:	
Beef	_____	Beef	_____
Dairy	_____	Dairy	_____

4. In what states do you sell semen? _____

5. Where do you obtain semen other than from your own bulls? _____

6. Approximate number of units of semen purchased during your last fiscal year:

Beef	_____	Dairy	_____
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7. How many technicians do you employ? _____

8. Business activities other than production and sale of semen: _____

C. Custom Freezing

1. Approximate number of units of semen custom frozen during your last completed fiscal year:

Beef	_____	Dairy	_____
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2. In what states do you provide service? _____

IV. ADMINISTRATIVE AND MANAGEMENT PERSONNEL (list those that pertain to your business)

- A. Manager _____
- B. Domestic Marketing _____
- C. International Marketing _____
- D. Beef Sire Evaluation _____
- E. Dairy Sire Evaluation _____
- F. Laboratory _____
- G. Veterinarian _____
- H. Editor and Publicity _____
- I. Field Services _____
- J. Accountant _____
- K. Other (Please specify) _____

V. SEMEN PROCESSING

- A. Number of semen collection/processing locations _____
- B. Type of semen packaging used (.25ml, .50ml straws, etc.) _____
- C. Type of semen extender currently used _____
- D. Type of antibiotics currently used _____
- E. Freezing method employed _____
- F. Seminal quality control measures used _____
- G. Please indicate example of current format used on semen package for identification: _____

VI. REFERENCES

List two or more persons affiliated with NAAB member organizations/the AI industry that are familiar with your operation as references. List name and address of each.

- 1. _____

- 2. _____

- 3. _____

Please submit any additional information or brochures which provide pertinent background about your organization.

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