



MISSOURI DEPARTMENT OF AGRICULTURE
 DIVISION OF ANIMAL HEALTH
LIVESTOCK DEALER APPLICATION

OFFICE USE ONLY
REGISTRATION NUMBER

TO REGISTER AS A LIVESTOCK DEALER IN MISSOURI, PLEASE COMPLETE EACH SECTION BELOW:

I. APPLICANT INFORMATION

NAME TO APPEAR ON REGISTRATION _____

MAILING ADDRESS		E-MAIL	
CITY		STATE	ZIP
COUNTY	TELEPHONE NUMBER	CELL NUMBER	FAX NUMBER

II. TYPE OF REGISTRATION (CHECK ALL APPLICABLE AREAS.)

TYPE OF LIVESTOCK:

CATTLE SWINE HORSES EXOTIC ANIMALS
 SHEEP GOATS POULTRY

TRADE AREA:

INTRASTATE ONLY INTERSTATE ONLY BOTH

IF INTERSTATE, LIST STATES INVOLVED _____

III. AGENT INFORMATION

The applicant designates the following person(s) as agents to act in his behalf and request agent identification be issued to:

NAME	ADDRESS

IV. BOND INFORMATION

BONDED BY PACKERS AND STOCKYARDS? YES NO BOND NO. _____

V. AS A REGISTERED DEALER IN MISSOURI, I HEREBY AGREE TO

- Maintain a bond as required by Packers & Stockyards Administration in accordance with Section 276.621.
- Any livestock moved will be accompanied by proper health certificates, proper test(s) for disease or identification as required by Animal Health Statutes of Missouri or the United States, or any rules and regulations promulgated thereunder.
- Maintain records as required by the director of the Missouri Department of Agriculture.
- Register annually in accordance with section 276.611 RSMo.

VI. SIGNATURES (APPLICATION WILL NOT BE APPROVED IF NOT SIGNED)

SIGNATURE OF REGISTRANT	SOCIAL SECURITY NUMBER	DATE
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RETURN FORM TO:
 MISSOURI DEPARTMENT OF AGRICULTURE
 DIVISION OF ANIMAL HEALTH
 P.O. BOX 630
 JEFFERSON CITY, MISSOURI 65102-0630

THIS SECTION FOR OFFICE USE ONLY

REGISTRATION APPROVED (STATE VETERINARIAN)	DATE APPROVED
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