



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 EQUINE 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/her behalf and request agent identification be issued to:

NAME	ADDRESS	PHONE NUMBER/EMAIL

IV. BOND INFORMATION

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

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

Perform duties in accordance with 2 CSR 30-7.010 Provisions for Registration and Recordkeeping of Livestock Dealers and 276.600 – 276.661, RSMo, 2000, Missouri Livestock Dealer Law, and further agree to comply with all animal health laws and regulations pertaining to the movement of animals, animal well-being and procedures used for the control of disease.

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

SIGNATURE OF REGISTRANT	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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