



NAAB-ICAR STUD LOCATION CODE
APPLICATION (Artificial Insemination Center
Number)

National Association of Animal Breeders
8413 Excelsior Dr, Suite 140
Madison, Wisconsin 53717
Fax: 608/827-0277
Email: naab-css@naab-css.org

Date: _____

Application is hereby made for assignment of a NAAB-ICAR STUD LOCATION CODE (AI Center Number), to be issued in the name of:

(Semen Producing Business)

The applicant understands that an NAAB-ICAR STUD LOCATION CODE will be assigned only to a semen producing business/semen collection center for purposes of identifying said business(es) as it relates to semen produced by the said business(es).

Applicant agrees to file a completed report of Supplemental Information, a copy of which is attached hereto and incorporated by reference as a part of this application form.

The applicant has read and agrees to all points in the NAAB-ICAR Stud Location Code Guidelines Assignment/Administration January 2020, attached and available from NAAB.

The undersigned person hereby certifies he/she is authorized to execute this application request on behalf of the applicant.

Name of Person filling application (please print):

(Must Be Owner or Executive Officer)

Signature: _____ Title: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____

Telephone: _____ Facsimile: _____

Email address: _____

The National Association of Animal Breeders (NAAB) does hereby assign STUD LOCATION CODE (AI Center Number) _____ to _____

On this _____ day of _____, 20__.

National Association of Animal Breeders

Technical Director