



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