Note: The following information is submitted to supplement applicant's request for assignment of NAAB-ICAR STUD LOCATION 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

III. BUSINESS ACTIVITY
A. Date business activity initiated ____________________________________________
B. Semen Production and Sale
   1. Number of bulls you own _________________________ Are 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.
      Applicant's Country:  Beef ________________________ Other Countries: Beef ________________________
      Dairy ________________________ Dairy ______________________
      ________________________________________________________________
   4. In what countries do you sell semen? _________________________________
   5. How many technicians do you employ? _______________________________
   6. Business activities other than production and sale of semen:
      ________________________________________________________________

C. Custom Freezing - Approximate number of units of semen custom frozen during your last completed fiscal year:
   Beef ________________________ Dairy ________________________

IV. ADMINISTRATIVE AND MANAGEMENT PERSONNEL (list those that pertain to your business)
A. Manager ____________________________________________ B. Domestic Marketing ___________________________________
C. International Marketing ____________________________ D. Laboratory ________________________________________
E. Veterinarian __________________________________________

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 affiliations with USA businesses and name and address of each.

1. ______________________________________________________________________________________________________________________
2. ______________________________________________________________________________________________________________________

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

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