

**INTERNATIONAL APPLICANT FORM
SUPPLEMENTAL INFORMATION**

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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