

USA APPLICANT FORM  
SUPPLEMENTAL INFORMATION

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

III. BUSINESS ACTIVITY

A. Date business activity initiated \_\_\_\_\_

B. Semen Production and Sale

1. Number of bulls you own \_\_\_\_\_ Number of 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.

United States:

Beef \_\_\_\_\_

Dairy \_\_\_\_\_

Other Countries:

Beef \_\_\_\_\_

Dairy \_\_\_\_\_

4. In what states do you sell semen? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Where do you obtain semen other than from your own bulls? \_\_\_\_\_

\_\_\_\_\_

6. Approximate number of units of semen purchased during your last fiscal year:

Beef \_\_\_\_\_

Dairy \_\_\_\_\_

7. How many technicians do you employ? \_\_\_\_\_

8. Business activities other than production and sale of semen: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Custom Freezing

1. Approximate number of units of semen custom frozen during your last completed fiscal year:

Beef \_\_\_\_\_ Dairy \_\_\_\_\_

2. In what states do you provide service? \_\_\_\_\_  
\_\_\_\_\_

IV. ADMINISTRATIVE AND MANAGEMENT PERSONNEL (list those that pertain to your business)

A. Manager \_\_\_\_\_

B. Domestic Marketing \_\_\_\_\_

C. International Marketing \_\_\_\_\_

D. Beef Sire Evaluation \_\_\_\_\_

E. Dairy Sire Evaluation \_\_\_\_\_

F. Laboratory \_\_\_\_\_

G. Veterinarian \_\_\_\_\_

H. Editor and Publicity \_\_\_\_\_

I. Field Services \_\_\_\_\_

J. Accountant \_\_\_\_\_

K. Other (Please specify) \_\_\_\_\_

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 two or more persons affiliated with NAAB member organizations/the AI industry that are familiar with your operation as references. List name and address of each.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

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

National Association of Animal Breeders  
8413 Excelsior Drive, Suite 140  
Madison, WI 53717  
608.827.0277  
Email: naab-css@naab-css.org

