

APPLICATION FOR ARTIFICAL INSEMINATION SIRE PERMIT

Application is hereby made for an Artificial Insemination Permit for the bull identified below. This permit must be completed before calves, produced by out-of-herd artificial insemination, will be registered by the UBB. **This permit must be accompanied by payment of \$60 to the UBB.** This \$60 payment includes the cost of DNA Typing. The permit will not be issued until the UBB office is notified by Neogen, that this bull has a DNA Type on file.

Name of Bull	I.D. Number	I.D. Type & Location	Registration Number

By making this application, I hereby recognize that DNA Typing is a valid tool in parentage determination. I hereby agree to provide the United Braford Breeders, Inc., DNA samples upon request for determination of parentage of any of my cattle produced naturally or by artificial insemination.

I also agree to use my best efforts upon request to secure DNA samples from any other person now owning cattle whose records are necessary for parentage checks of my cattle. I also hereby authorize DNA comparisons to determine compatibility on any samples forwarded to the lab from my herd with sires and/or dams for which DNA Types have been previously recorded or with DNA Types of other sires or dams which the laboratory determines are relevant on questions of parentage determination.

In recognizing the validity of DNA Typing for parentage determination, I also agree to hold UBB its officers and directors, employees, and Neogen Animal Genetics and its employees, harmless from any liability or actions taken as a result of findings based upon analysis of the samples submitted and analyzed.

I hereby certify that I am duly authorized to make this application on the above described bull and that the DNA samples will be handled in accordance with the instructions issued by the United Braford Breeders, Inc.

Owner Name: _____ UBB #: _____
 Address: _____ City, State, Zip: _____
 Signature: _____ Date: _____

If more than one owner, each owner must sign

Additional Owner Name: _____ UBB #: _____
 Address: _____ City, State, Zip: _____
 Signature: _____ Date: _____

Additional Owner Name: _____ UBB #: _____
 Address: _____ City, State, Zip: _____
 Signature: _____ Date: _____

Please return signed and completed form along with payment to:

United Braford Breeders
 PO Box 1177
 Kingsville, Texas 78364
 records@brafords.org
 361.592.8572 (fax)