

STATE OF NEBRASKA  
DEPARTMENT OF AGRICULTURE

LIVESTOCK SELLERS PROTECTIVE ACT  
FORM #1

1. Name of business: \_\_\_\_\_

2. Business address: \_\_\_\_\_  
\_\_\_\_\_

3. Name and title of person in charge: \_\_\_\_\_  
\_\_\_\_\_

4. Reasons for not registering: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If the only reason for not registering is that all purchases of slaughter livestock are made through a selling agent who is bonded or otherwise secured to assure payment as required by the United States Packers and Stockyards Act, please provide the name and address of the agent in the space provided below and please attach copies of the applicable bond or security to this form.  
\_\_\_\_\_  
\_\_\_\_\_

6. Date: \_\_\_\_\_

7. Name and title of person filing this form: \_\_\_\_\_

\_\_\_\_\_  
Signature