



Legacy Verified NHTC Ranch Application

APPLICATION INSTRUCTIONS:

This Application covers requirements for NHTC, SAV, and China Verified (if desired). Please complete every section of the application.

Please choose one of the following:

- Please Include China Verified With My NHTC & SAV Claims**
- I Do Not Want China Verified**

Section 8 is the Signature Page and MUST be signed for your Application to be complete.

*Please keep in mind that Legacy Verified cannot assign an arbitrary calving date for age verification. The first calf born must be documented and all calves in that calving group will be assigned the birthdate of the oldest calf born.

**If older calves need to be excluded from the group, those calves will need to be identified in a way so that they can be easily sorted and removed from the approved group at the time of shipping.

Legacy Verified, LLC
PO Box 1896
Elizabeth, CO 80107
877-895-2374 (O)
877-965-6782 (F)
info@legacyverified.com
www.legacyverified.com

Section 1: GENERAL INFORMATION

1.1 Contact Information:

Company Name/Ranch Name:	Date of Application:
Primary Contact Name:	Primary Contact Best Phone:
Company/Ranch Address (+PO Box if Applicable):	Company/Ranch Shipping Address:
Primary Contact Best Email Address:	Date Approval is Needed By:

1.2 Additional Ranch Locations:

Please list and identify additional satellite ranch locations, if applicable: (In addition to Ranch Head Quarters.)

Ranch/Pasture Name	Location (City and State)	Miles from Ranch HQ

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Section 2: EMPLOYEE TRAINING

2.1 Employees and Responsibilities:

Employee Name(s)	Duties: (Calving, Identification, Feeding, Shipping, Records, Etc or "All")

Section 3: RECORD KEEPING

3.1 Please identify the records that you keep:

Record Type	Check if "Yes"	Record Type	Check if "Yes"
Calving Records	<input type="checkbox"/>	Preg Check Records	<input type="checkbox"/>
Branding Tally	<input type="checkbox"/>	Vaccine Records	<input type="checkbox"/>
Treatment Records	<input type="checkbox"/>	Medicinal Inventory	<input type="checkbox"/>
Personnel Records	<input type="checkbox"/>	Pasture Records	<input type="checkbox"/>
Pasture Movement Records	<input type="checkbox"/>	Purchased Cattle Records	<input type="checkbox"/>
Inventory of Hormones	<input type="checkbox"/>	Shipping Records	<input type="checkbox"/>
Other Records (Please List):			

3.2 Does the Ranch keep records for at least 3 years?

- Yes
- No

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3.3 Are records kept in a secure location that prevents loss, damage, or alteration?

- Yes
- No

Section 4: GENERAL CALVING INFORMATION

4.1 How many calves is the Ranch planning to put into the Legacy Verified Program(s)? _____

4.2 How many cows does the ranch run? _____

4.3 Do you record Individual Calving birthdates or just First and Last Calf Born? _____

4.4 Calving Information: (Operations with multiple calving seasons must identify each group differently.)

Calving Date Range (Ex: 1/1/18 – 3/1/18)	Number of Calves in Calving Group (Season)	Identification: (Tag Descriptions, Brands, Notches ie: Green Panel Tag LE; Open A LH)

4.5 Have you moved calves from their place of birth to another location? (Permits, Leases, etc.)

- Yes – Where?

- No

4.6 If your answer to 4.5 is “yes”, did you apply a PCT Tag before moving calves to the next location? (Required)

- Yes
- No
- N/A

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4.7 When do you apply/plan to apply PCT Tags (EIDs)?

4.8 Have the calves ever been under the management of someone who is not a member of or employed by the ranch?

Yes – Please Describe Circumstance:

No

4.9 Does the Ranch have any purchased calves onsite?

Yes – Please List Type (Pairs, Stockers, Grafted Calves, etc):

No

4.10 If you answered “yes” to the above question, how do you identify purchased cattle to make sure these animals are not marketed/sold as program animals?

N/A

4.11 When will you apply the Program Compliant Tags? (Calving, Branding, Weaning, Etc.)

4.12 How do you plan to market your cattle?

Section 5: NHTC

5.1 Are you aware that NHTC cattle may not be administered hormones or beta-agonists at any time in their lives?

Yes

5.2 Do you feed any feedstuffs with hormone growth products or beta-agonists?

Yes

No

5.3 If you feed any feeds with prohibited products (hormones/beta-agonists) please describe how you segregate the feeds with hormones from the Program Cattle Feed:

N/A

5.4 If you feed commercial or breeding cattle prohibited feeds, please describe how you ensure that program cattle do not receive cross-contaminated feed. (Include any cattle segregation and flushing procedures.)

N/A

5.5 Do you have any hormones/beta-agonists onsite? (Ex: Lutalyse, Oxytocin, CIDRs, Cystorelin, Fertagyl, Estrumate, etc.)

Yes

No

5.6 Please list hormones or beta-agonists maintained onsite:

N/A

5.7 Please describe how the above-referenced hormones are inventoried?

N/A

5.8 How are animals that fall out of the NHTC program identified and marketed?

5.9 Does the ranch have a veterinarian onsite at the ranch location at least annually (Complete Health Certificates, Preg Check, Emergency Services, etc.)?

- Yes
- No

5.10 Does the ranch have evidence to support the claim that a veterinarian comes onsite at least once annually? (Copies of Health Certificates completed at the ranch, invoices, etc.)

- Yes – Example(s)
- No

Section 6: CHINA VERIFIED

- N/A Do not want to apply for China Verified (Skip to Section 7)**

6.1 Do you feed any Beta-Agonists? (Ractopamine, OptaFlexx, Zilmax, ActoGain)

- Yes
- No

6.2 Do you feed or have Ractopamine onsite (specifically prohibited for China Verified)?

- Yes
- No

6.3 If you answered “yes” to either of the above, how do you segregate and identify animals fed Beta-Agonists or Ractopamine from program animals?

- N/A – Do not feed Beta-Agonists or Ractopamine

Section 8: SIGNATURE (Required for All Programs)

By signing this Application, you are confirming that all of the information on this document is true and correct to the best of your knowledge and you are consenting to the scheduling of an audit to verify that the requirements to the program have been met.

Signature of Responsible Party

Date Signed

Printed Name of Responsible Party

Referred By: _____

Promo Code: _____

Please feel free to contact us if you have any questions or concerns.

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