

Legacy Verified All Programs Ranch Application

APPLICATION INSTRUCTIONS:

This Application includes SAV, NHTC, China Verified (if desired), Legacy Natural, and Saudi Arabia. Please complete this entire application.

Please choose one of the following:

- □ Please Include China Verified With My Legacy Natural, NHTC, SAV Claims
- I Do Not Want China Verified

Section 10 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.

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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

Section 2: EMPLOYEES

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		Preg Check Records	
Branding Tally		Vaccine Records	
Treatment Records		Medicinal Inventory	
Personnel Records		Pasture Records	
Pasture Movement Records		Purchased Cattle Records	
Inventory of Hormones		Shipping Records	
Other Records (Please List):			

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

- □ Yes
- □ No

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

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, implants, 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
- 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 7: LEGACY NATURAL

7.1 Are you aware that Legacy Natural cattle may not be administered or fed antibiotics, hormones, animal by-products, ionophores, or beta-agonists at any time in their lives?

Yes

- 🗌 Yes
- □ No

7.3 If you feed any feeds with prohibited products, please describe how you segregate the feeds with prohibited ingredients from the Program Cattle Feed:

🗆 N/A

7.4 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/or flushing procedures.)

🗆 N/A

^{7.2} Do you feed any prohibited feedstuffs to breeding and/or commercial cattle?

7.5 Do you maintain any prohibited products (antibiotics, hormones, animal by-products, ionophores, beta-agonists) onsite?

- 🗆 Yes
- 🗆 No

7.6 How are animals that fall out of the Legacy Natural Program identified and marketed?

Section 8: SAUDI ARABIA

8.1 Are you aware that Saudi Arabia Program Cattle may not be fed any prohibited protein (milk replacer and fishmeal excluded) post weaning?

□ Yes

8.2 Are you aware that Saudi Arabia Program Cattle may only consume beef tallow sourced from USDA approved rendering plants?

Yes

8.3 Do you feed any feedstuffs that contain any type of protein? (Excluding fishmeal and milk replacer.)

- Yes
- No

8.4 If yes, what protein products do you feed? (Or write "N/A")

8.5 If protein products are fed, how old are the calves when they are fed protein? (Or write "N/A")

8.6 Are program cattle fed any tallow?

- □ Yes
- □ No

8.7 If yes, please list the type of tallow before and where it is sourced? (You may have to call your feed distributor and ask where the tallow is purchased for your product.)

□ N/A

8.8 If you feed any feeds with prohibited proteins and/or animal tallow, please describe how you segregate the feeds with hormones from the Program Cattle Feed:

□ N/A

8.9 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

8.10 How are animals that fall out of the Saudi Arabia program identified and marketed?

Section 9: FEEDS AND FEEDING

9.1 Please list and identify ALL of the pre-mixed or commercial feeds maintained onsite at the ranch in the table below – Include ALL cattle feeds. (Attach any additional pages if necessary.)

Product Name	Manufacturer	List Any Prohibited Ingredient if Applicable

Section 10: SIGNATURE

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

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

Referred By: _____

Promo Code: _____

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