



CONFINED CATTLE FEEDING OPERATION REGISTRATION

NOTE: Enter information from your previous calendar year activities and mail it back or email it to registration@yrcaa.org

1. FACILITY INFORMATION HAS THE BUSINESS NAME OR OWNERSHIP CHANGED IN THE LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO					
a. FACILITY NAME		b. OWNER NAME		c. UNIFIED BUSINESS IDENTIFIER(UBI)	
d. PHYSICAL ADDRESS			e. MAILING ADDRESS		
f. CONTACT NAME & TITLE		g. PHONE		h. EMAIL	
i. PREFERRED CONTACT METHOD <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL					
2. GENERAL INFORMATION					
a. TYPE OF FACILITY <input type="checkbox"/> BEEF CATTLE <input type="checkbox"/> DAIRY REPLACEMENT <input type="checkbox"/> CALVES <input type="checkbox"/> OTHER (SPECIFY BELOW)					
b. CAPACITY		HEAD OF CATTLE		TOTAL PEN AREA	
3. EQUIPMENT AND PROCESS INFORMATION					
a. METHODS OF MANURE MANAGEMENT CHECK ALL THAT APPLY <input type="checkbox"/> COMPOSTING <input type="checkbox"/> REMOVAL FROM SITE <input type="checkbox"/> APPLY TO FIELDS <input type="checkbox"/> LAGOON <input type="checkbox"/> OTHER (SPECIFY BELOW)					
b. METHODS OF DUST CONTROL CHECK ALL THAT APPLY <input type="checkbox"/> WATER WAGON OR TRUCK <input type="checkbox"/> CROSS-FENCING <input type="checkbox"/> MOUND MGT <input type="checkbox"/> BEDDING <input type="checkbox"/> WATER SPRINKLERS <input type="checkbox"/> OTHER (PLEASE SPECIFY)					
ANNUAL DUST CONTROL PLANS MUST BE SUBMITTED WITH THE REGISTRATION FORM.					
c. AVERAGE INVENTORY OF CATTLE FROM JUNE 1 ST THROUGH OCTOBER 1 ST 1,000 OR GREATER? <input type="checkbox"/> YES, PAY FEE AND SUBMIT COMPLETED FORM. <input type="checkbox"/> NO, ONLY SUBMIT COMPLETED FORM					
d. FEED HANDLING OPERATIONS ENTER QUANTITIES IN TONS OF FEED PER YEAR					
STEAM ROLLING	GRAIN SHIPPING FROM TERMINAL ELEVATOR	GRAIN RECEIVING AT TERMINAL ELEVATOR	GRAIN GRINDING AT FEED MILL	HAY CHOPPING	GRAIN RECEIVING
4. CERTIFICATION I, the undersigned, do hereby certify that the information provided is accurate and complete to the best of my knowledge.					
SIGNATURE _____			TITLE _____		
NAME (PRINT) _____			DATE _____		