



NICOLE "NIKKI" FRIED
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Animal Industry
Bureau of Animal Disease Control

APPLICATION FOR NEW BRAND RECORD

534.021, Florida Statutes

Remit \$10.00 Recording Fee Online at:
www.FDACS.gov - or -

Check or Money Order Payable to
FDACS and remit to:

FDACS
P.O. Box 6710
Tallahassee, FL 32314-6710

Contact: Brands Program
850-410-0900 / Fax 410-0946
www.FDACS.gov/AI

Note: All documents and attachments submitted with this request are subject to public review pursuant to Chapter 119, F.S.

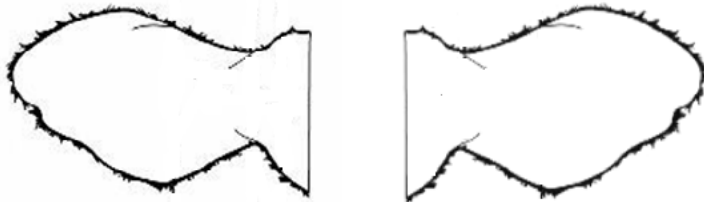
MAKE AN EXACT DRAWING OF DESIRED BRAND IN BLACK INK IN THE SPACE PROVIDED BELOW

Large empty rectangular box for drawing the brand.

Earmarks- Optional

RIGHT

LEFT



Read Your Ear Marks

PLEASE FILL OUT THE INFORMATION REQUESTED IN **BLACK PEN**

Brand to be registered to: *(Please print or type name to be on Certificate)*

Iron Brand Name: *(Name you give your brand. FDACS will assign a brandabetical name):*

Owner or Contact Name (Printed):

Address:

Telephone Number: ()

Email:

Alternate Number: ()

BRAND POSITIONS			BRAND WILL BE USED ON		
(Check All That Apply)			(Check All That Apply)		
Right		Left	<input type="checkbox"/> Bovine	<input type="checkbox"/> Porcine	<input type="checkbox"/> Other
<input type="checkbox"/>	Hip	<input type="checkbox"/>	Specify Other:		
<input type="checkbox"/>	Rib	<input type="checkbox"/>	BRAND REGISTERED STATEWIDE or in PRIMARY COUNTY		
<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	Statewide		
<input type="checkbox"/>	Neck	<input type="checkbox"/>	Primary County:		
<input type="checkbox"/>	Jaw	<input type="checkbox"/>			

I (we) hereby make application to record the brand and earmarks (optional) as shown, in the State of Florida as provided in Section 534.021, Florida Statutes. A Parent or Legal Guardian must sign if the owner is a minor:

Owner Signature: _____ **Date:** _____

Parent/Legal Guardian signature (if applicable): _____

Owner Signature: _____ **Date:** _____

Parent/Legal Guardian signature (if applicable): _____

Upon receipt of a completed application and recording fee, the Department will review the application and approve or deny the brand/application within 90 days. If recording fee is remitted online, please provide the confirmation number below.

Online Payment Confirmation Number _____

If recording fee is remitted online, mail this completed form to the following address:

FDACS
407 South Calhoun St. Room 315
Tallahassee, Fl. 32399-0800

If recording fee is being made by check or money order, mail payment and completed form to the following address:

FDACS
PO Box 6710
Tallahassee, Fl. 32314-6710

Org Code: 42 09 02 01000
OE:A2
Object Code: 001357 Fee: \$10.00