



Backgrounder/Stocker Questionnaire

209 S. 19th Avenue Suite 3
Bozeman, MT 59718
(406) 867-Beef (2333)
Fax: 888-500-0903

Please complete the follow questionnaire about your operation:

1) Types of certified cattle at this operation:

Age and Source: _____ NHTC: _____ VB-NE3: _____
RFC (ASV + CM) _____ Other: _____ Non-Certified: _____

2) Please list all USDA approved companies used to verify claims on these cattle:

A) _____ B) _____
C) _____ D) _____

3) Cattle at this operation are:

Home Raised: _____ Purchased: _____ Custom Fed: _____

4a) Different groups of cattle (certified/non-certified) are identified by:

RFID Tags: _____ Panel Tags: _____ No Identification: _____

4b) These groups are: Segregated: _____ Not Segregated: _____

Specific Operation Requirements

- 1) Conduct & Document: the training of employees with respect to the verification claim policy, procedures and standards,
- 2) Maintain & Implement Shipping, Receiving, and Fall-out Procedures,
- 3) All Cattle Certified by Verified Beef must be identified with a program compliant tag.

Operation Representative:

Name: _____ Position: _____

I certify all information above is correct to the best of my ability. I affirm that I am the Operation Representative and have authority to act, as outlined in the USDA QAD Guidance Document GU7309CCA section 4.3.2.c

c. Operation Representative: The operation must have a designated representative who, irrespective of other responsibilities, must have responsibilities and authorities to ensure that processes needed the program are established, implemented and maintained. The representative must have the authority to act on behalf of the operation at all location where program activities are conducted.

Operation Representative Signature

Date