

(Owner or authorized authority)

DIVISION OF AGRICULTURE 1801 S. Margaret Dr. Suite 12

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BRAND APPLICATION

Livestock Owner(s) Name:	Business Name:
Mailing Address (<i>Complete</i>):	(Address, city, zip code)
Number (Home or Cell):	Fax:
Email Address:	
left side	Ear Mark/Tag Location Right Side right side
Brand : (Please draw an exact cop brand on the drawings above:	y of the brand and follow it by a written description) Indicate position of
_	ht and left side of animal and what type of Mark or Tag will be used also
Signature	Date