## **MARK AND BRAND APPLICATION**

THE EFFECTIVE DATE OF THIS APPLICATION IS AUGUST 31, 2021 TO AUGUST 31, 2031 Renewal of this Brand/Mark must be filed during the period August 31, 2031, to February 29, 2032 This form is to be used to record a single brand or mark for one or more locations on an animal.

## Please print or type information (\* Required information):

| The undersigned herek the County Clerk of *_  | y makes applicati  | on for the regis | tration and rec                                 | ording of the following     | ng mark(s) and/or bra |
|---|--------------------|------------------|---|-----------------------------|-----------------------|
| * New:  | Renewal:           | Release: [       | Tra   | ansfer:                     |                       |
| Contact Information:  |                    |                  |   | _                           |                       |
| * Owner/Agent:  |                    |                  |   |                             |                       |
| Ranch/Business Name   | <b>:</b>           |                  |   |                             |                       |
| * Address:  |                    |                  |   |                             |                       |
| * City: * State:  |                    | * Zip:           |   |                             |                       |
| Phone:  | Email:             |                  |   | -                           |                       |
| Brand/Mark Informati * Specie: Cattle: [ Volume/Book:                                       |                    | Other:           |   | <del></del>                 | Marks Only:           |
|   | BRAND              | ' uge            |   | MARK                        |                       |
| Dra   | w the Brand        |                  | Right Ear                                       | WANK                        | Left Ear              |
|   |                    |                  |   |                             |                       |
| * Brand Location [ on Animal: [   | Left 🔲 Sho         | oulder 🔲 :       | Hip/Loin<br>Thigh<br>Jaw/Face/Nose<br>Tail/Back | Electronic Chip#:  Tattoos: |                       |
| * Signature of Applica<br>(Owner/Agent)   | nt:                |                  |   | *Date:                      |                       |
| By: Deputy, (Coun   |                    |                  |   | Clerk's Name)               | County Clerk          |
| Pursuant to Texas Agricu<br>application shall be forw<br>Raisers Association.               |                    |                  | attle   |                             |                       |
| Email: <u>brands@tscra.org</u> Fax: 817-887-4402 Mail: PO Box 101988, F Phone: 800-242-7820 | ort Worth, TX 7618 | 35               |   | County Se                   | ral                   |

## AFFIDAVIT OF PERSONAL KNOWLEDGE

| THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.   |                            |                             |  |  |  |  |  |
|---|----------------------------|-----------------------------|--|--|--|--|--|
| THIS SECTION MUST BE SIGNED IN THE PRES   | SENCE OF A N               | NOTARY PUBLIC.              |  |  |  |  |  |
| STATE OF  |                            |                             |  |  |  |  |  |
| COUNTY OF   |                            |                             |  |  |  |  |  |
| Before me on this day appeared  |                            | 2                           |  |  |  |  |  |
| now residing at   | (Name)                     |                             |  |  |  |  |  |
| (Address)   | (City)                     | (State)                     |  |  |  |  |  |
| who is related to the person named on Part I as   | - TE 1/1/2                 | and who on oath deposes and |  |  |  |  |  |
| (Relationship) and who on oath deposes are says that the contents of this affidavit are true and correct. |                            |                             |  |  |  |  |  |
| Signature   |                            |                             |  |  |  |  |  |
| Sworn to and subscribed before me, this day of  |                            | 20                          |  |  |  |  |  |
|   | Signature of Notary Public |                             |  |  |  |  |  |
|   |                            |                             |  |  |  |  |  |
|   | Commission Expires         |                             |  |  |  |  |  |
|   |                            | -                           |  |  |  |  |  |
|   | Typed or Printed Name      |                             |  |  |  |  |  |
|   | Street Address             |                             |  |  |  |  |  |
|   | City, State and Zip        |                             |  |  |  |  |  |
|   |                            |                             |  |  |  |  |  |

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO

Lamb County Clerk Tonya Ritchie-County Clerk 100 6<sup>th</sup> Drive, Room 103 Littlefield, Texas 79339