Serial Nu	ımber:				
Date of I	Dispatch:				
I, the identification originated (anabolication of the control of the contr	fied product and ha applied in its produ I from animals that compounds). stablishment Nur	nve directly contraction ² . I do affi have never been mber:	_, am the prese olled or taken f irm that the pro treated or fed l	ghter/Cutting/Pront owner of / productive full responsibility for duct covered by this normonal growth pro	er of / agent for ¹ relevant certificate omotants
		Produ	ct Descript	ion	
Type of Product (Carcass, cuts, etc.)	Unique Carcass/Lot Identification	Number of carcasses, cartons, or pieces	Weight	EU Health Mark (list serial numbers, if applicable)	Received with producer/transfer affidavit (list serial number and attach copy)

I certify tha	t all statements made herein are true to the best of my knowledge.
	ð Further Processing Establishment (Est. No.):
Transfer to:	ð Cutting Establishment (Est. No):

SIGNATURE: ______ Date: _____

Printed Name and Title:

WARNING: Persons willfully making false, fictitious, or fraudulent statements or entries are subject to fine or imprisonment or both as prescribed by Title 18 U.S. Code 1001.

¹ Circle one

² If the animals/product have been owned by or under control of other persons or premises, a copy of the producer affidavit for each transfer of ownership is attached.