

**COLORADO IMPORT APPROVED FEEDLOT APPLICATION FORM**

Premises ID No. \_\_\_\_\_

Feedlot Name \_\_\_\_\_

Feedlot Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Feedlot Owner/Manager \_\_\_\_\_

Phone: Office (\_\_\_\_) \_\_\_\_\_

Mobile (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

\*Contact Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Accredited Veterinarian \_\_\_\_\_

License No. \_\_\_\_\_

Address \_\_\_\_\_

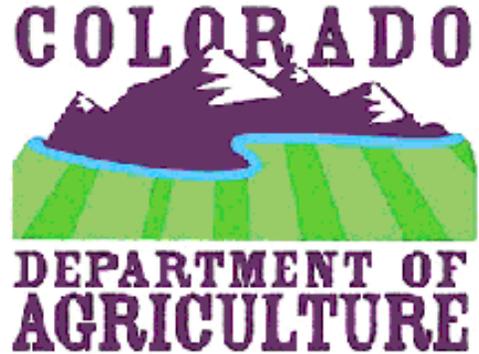
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_

Mobile (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_



X \_\_\_\_\_

Signature of Accredited Veterinarian who  
is appointing the designees listed for this  
Feedlot. Date \_\_\_\_\_

By completing this application to become a Colorado Import Approved Feedlot, I will acknowledge and comply with all requirements stated in the rule 8CCR 1201-19 Part 2.1, including but not limited to: Facility Requirements, Livestock Facility and Individual Animal Identification Requirements, Feedlot Registration, and Feedlot Record-Keeping Requirements.

X \_\_\_\_\_

Printed Name

Signature

Date

This signature certifies that I have authority to act on behalf of the above-named feedlot with regard to the requirements of the Colorado Import Approved Feedlot process. I realize that non-compliance of this application may result in revocation of this registration before the one year date of issuance.

**\*Upon completion of this application, keep one copy for the feedlot and the Accredited Veterinarian, and return the original to:**

**Colorado State Veterinarian's Office  
700 Kipling Street, Suite 4000  
Lakewood, CO 80215  
303-239-4161**