Section 1: General Information

ISSUED: 01/13/19 SUPERSEDES: 09/01/17 APPROVED: DH

Application for RCR NATURAL/NHTC/SAV Ranch

Company Name:				
Primary Contact:				
Home/Office:				
Email:				
Shipping Address:				
Street, City,				
Mailing Address:				
Street, City,	State, Zip			
Secondary Contact:				
Name, Title, Ph	none Number			
Directions: Please complete this application and submit it to Ranching Connecting Ranchers, LLC (RCR) to start the verification process. Answer the following questions as accurately as possible as this document will become a part of your Quality Manual and it helps RCR to determine your eligibility for the NHTC/SAV/RCR Natural Program. If you have any questions or if you would like assistance with your application, please feel free to contact RCR and we'd be glad to help! (Contact information can be found on the last page of this application.) Please indicate the number of cattle you would like to enter into the NHTC/SAV/RCR Natural program: Does this ranch have more than one location? Please list all ranch locations and number of miles from the main ranch location: (main ranch pasture ground is not considered an "additional location")				
Ranch Location	Number of Miles (from main ranch)			

Please Note: RCR will need to visit all ranch locations where cattle, feed, and medications are kept so that we can verify all of our information is correct.

This document has been compiled using the work processes, methodology, and intellectual property that are proprietary and confidential to Ranchers Connecting Ranchers, LLC and the company's customers and as such, should not be shared with another party without written consent from Ranchers Connecting Ranchers, LLC.

Section 2: Employee Training

Who will be the company's Management Representative? (Maintains records and ensures program requirements are met.)

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In the table below please state the name of all ranch employees who work on a day-to-day basis with cattle and indicate their responsibilities. Please check all that apply for each employee.

Employee Name	ID/Animal Location	Calving	Feeding/Ordering Feed	Shipping	Record Keeping	Managing Non- Conformances	All

Section 3: Processing and Identification

Please indicate your calving season(s), the number of calves in that season, along with your identification methods for each group. (Tags, Brands, Notches, etc.)

Calving Season (Ex: 1/1/16- 3/1/16)	Number of Calves	Identification Method (tags, brand, Notches) (Ex: green panel tags LE, brand LH)

When will you apply	program compli	ant PCT/ EID tag	s? (Must be appli	ed prior to shipping.)
Calving	Branding	Weaning	Shipping	Other:

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Do you purchase o	r manage outside	cattle (including	grafted calves)?
Yes			

If you answered "yes" to the question above, please explain how cattle are identified differently and/ or segregated from home raised cattle.

If cattle fall out of the NHTC/SAV/RCR Natural program how will they be identified or segregated?

Are the program cattle ever moved off of the ranch? (BLM pasture, Wheat pasture, etc..)

Yes

No

No

If you answered "yes" to the above question, please explain movement procedures.

Section 4: Records

In the table below, please mark which type of records are kept and explain the location where each record is kept.

Type of Record	Location
Calving Records	
Preg. Check	
Records	
Branding Tally	
Shippment	
Records	
Treatment	
Records	
Movement	
Records	
Feed Records	
Personnel	
Records	
Other: (explain)	

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Section 5: Feeds and Feeding

In the table below, please list any and all pre-mixed or commercial products fed and/or stored at the ranch location. (Please attach additional pages if necessary.)

Product	Manufacturer (Not Distributer/ Sales Rep)	

Do you give your cattle any feedstuffs with animal by products, antibiotics, supplemental hormonal growth promotants and/ or ionophores??

Yes

No

If you feed conventional cattle rations with animal by products, antibiotics, supplemental hormonal growth promotants and/or ionophores please explain how you separate feeding equipment and/or feed flushing techniques employed to prevent contamination of NHTC/Natural feeds. If you do not feed any feeds with hormones, animal by products, or antibiotics please mark N/A.

N/A

In the table below please list feed on site.

	Name of Product	Manufacturer
Hormone Feeds		
Mineral		
Supplements		
Protein		
Supplements		
Medicated		
Supplements		
Other		

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Please indicate if	you have any	of the following	hormone feedstuffs or	ısite:
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MGA

HeiferMax

Optaflex

Zilmax

Please indicate if you have nay of he following inophores onsite:

Boyatec

Rumensin

GainPro

Catalyst

Please indicate if you have any of the following animal by products:

Tallow/Animal Fat

Fish oil

Feathermeal

Other (Please List)

Section 5: Hormone Treatment

Do you synchronize cows and/ or heifers?

Yes

No

If you answered "yes" please explain how open cows/ heifers that were administered hormones are identified and/ or segregated from program calves.

How are purchased hormones inventoried?

Section 6: Antibiotic/Vaccine Information:

Do you store antibiotics on location?

Yes

No

Please indicate the antibiotics you have on hand:

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Section 7: Miscellaneous

Print Name

PCT tags are required prior to shipping NHTC cattle. Would you like to order discounted tags from RCR – provided by Datamars?				
Yes No	If yes please complete the RCR Tag Order Form i	ncluded with this application packet.		
How did you hear abo	ut RCR?			
Section 8: Signat	ure			
*By signing this application, you are confirming that all of the above documented information is true and correct to the best of your knowledge. You are aware that the completion of this application does not confirm an approved NHTC/SAV/RCR Natural status and that an onsite audit must take place prior to shipping any NHTC/SAV program cattle to verify the above claims.				
**If you have chosen to complete this application in the available PDF format, you understand that by typing your name below, you are agreeing that this electronic signature is as valid as a hand signed copy and as such you are in acceptance of all RCR Requirements.				
	_			
Signature		Date		

Please submit this completed Ranch RCR Natural/NHTC/SAV Application to RCR's Main office via hard copy or email. Next step is to set up your Onsite Audit.

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