ISSUED: 02/15/2023 SUPERSEDES: 01/13/2019 APPROVED: JH



Application for RCR Natural/SAV/NHTC Ranch

Section 1: General Information							
Company Name:							
Primary Contact:							
	Mobile:						
Email:							
Shipping Address:							
Street, City,	State, Zip						
Mailing Address:							
Street, City,	State, Zip						
Secondary Contact:							
Name, Title, Ph	none Number						
Directions: Please complete this application and submit it to verification process. Answer the following questions as accuryour Quality Manual and it helps RCR to determine your elig any questions or if you would like assistance with your application (Contact information can be found on the last page of Please indicate the number of cattle you would like to enter Does this ranch have more than one location? Please list all location: (main ranch pasture ground is not considered an "a	rately as possible as this document will become a part of ibility for the NHTC/SAV/RCR Natural Program. If you have cation, please feel free to contact RCR and we'd be glad to this application.) into the NHTC/SAV/RCR Natural program: ranch locations and number of miles from the main ranch additional location")						
Ranch Location	Number of Miles (from main ranch)						
	1						

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 រុ	program compli	ant PCT/ EID tag	s? (Must be appl	ied prior to shipping.)
Calving	Branding	Weaning	Shipping	Other:

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Do you purchase or manage outside cattle (including grafted calves)

Yes

No

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

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 ons	onsite	uffs	feedst	hormone	llowing	ne fo	of t	anv	have	vou	te if	ndica [.]	ease	Ρ
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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:

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

Section 7: Miscellaneous

Print Name

PCT tags are requi	ired prior to shipping NHTC cattle. Would you li	ike to order discounted tags from RCR?		
Yes No	If yes please complete the RCR Tag Order	Form included with this application packet.		
How did you hear	r about RCR?			
Section 8: Sig	nature			
knowledge. You are		cumented information is true and correct to the best of your confirm an approved NHTC/SAV/RCR Natural status and that an verify the above claims.		
•	to complete this application in the available PDF format, ectronic signature is as valid as a hand signed copy and as	you understand that by typing your name below, you are 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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