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OPT-OUT APPLICATION

APPLICATION TO OPT-OUT of Council Assessment

1. All applications should be submitted via U.S. Mail to:

New Mexico Beef Council
1209 Mountain Rd. Pl. NE, Suite C
Albuquerque, NM 87110

2. Applicant's name must be exactly the same as it appears on the NMLB Master Brand.

3. Application to Opt-Out must be signed by applicant.

4. Each form has a sequential and unique identifying number Form **may not be duplicated**. You must submit one form for each brand you want to Opt-Out of the Council Assessment.

5. Incomplete forms will not be accepted.

6. For additional information, call 505-841-9407 or email StateAssessment@NMBeef.com.

Sample

Name of Beef Producer / Cattle Company / Dairy _____
 Phone: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Name on NMLB Master Brand (as it appears on Master Brand card) _____
 NMLB Master Brand Number _____

By signing below, applicant:

1. Certifies that all information provided in connection with this Opt-Out Application is true and correct;
2. Certifies that applicant is authorized to make these representations as an owner;
3. Acknowledges that any misrepresentation or false statement made in connection with this application, whether intentional or not, will constitute grounds for denial of application;
4. Authorizes the NMBC to contact the collecting agency/site to verify the data underlying this Opt-Out Application;
5. Agrees, in the event adequate verification data is unavailable, to cooperate with the NMBC, or its agents, to provide verification data satisfactory to the NMBC.

THE COUNCIL WILL NOTIFY THE PRODUCER SUBMITTING THE OPT-OUT APPLICATION WITHIN 30 DAYS FROM THE DATE OF RECEIPT OF THE COMPLETED FORM. THE OPT-OUT STATUS WILL EXPIRE THREE YEARS FROM THE APPLICATION DATE.

Signature of Applicant _____ Date Signed: _____

Printed name of individual signing above: _____

Title (if signing as a representative for a partnership, company, or other entity): _____

Postmark: _____ Received: _____ Verified by NMBC: _____ Date Mailed: _____