

N. A.	\ \ \	)

Last Name	First Name(s) (and 4-H Age(s) if 4-H Project)	4-H Club or FFA Chapter Name
Premise ID # (Mandatory)	PQA# (Mandatory)	

(Check one)

□4H

□ FFA

4-H ONLY

Appropriate For Show

Box(es) Check

numbers. Only those animals identified with car notches will be eligible for

Please DRAW IN and write in universal numbers in the correct column. You must have notches in both ears. Refer to universal notching system for pig

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4-H and FFA animals MUST be recorded on separate forms!	NEBRASKA 4-H and FFA MARKET SWINE OWNERSHIP AFFIDAVIT (Rev. 1/13)
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4-H ONLY

Appropriate

Check Box(es)

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are of C					,	State Fair Ak-Sar-Ben DNA	For Show Eligibility
lub or Cha						Right Ear	showing
Signature of Club or Chapter Member(s)					0:	Left Eur	showing at State Fair.
er(s)		1				Right Ear	, ii
					,	Teft Eur	
						Sex	Max
Signat	,						cimun
Signature of Parent and Address						Description [breed(s)] and Color if X-bred	Maximum 40 head per member
ś	· · · · · · · ·	: '	<u>.</u>		,	County only	
						State Fair Ak-Sar-Ben DNA	For Show Eligibility
						Right Ear	
This (these		<u> Ce</u>	<u>C</u> e			Left Ear	
e) vouth hás (						Right Ear	رند
have) submitt						Left Eur	our right and ooking at the
+ +	:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Sex	the pig
This (these) wouth has (have) submitted this livestock ownership afficiavit in						Description [breed(s)] and Color if X-bred	your right and the pig's right will be the same. If you stand looking at the face of the pig, its right car is on your left.
		:		+ 1 + 1 = 1			left:

Pig's Right Ear Pig's Left Ear Numbering of Universal Ear Notching System: Up to looking at the face of the pig. its right car is on your left. your right and the pig's right will be the same. If you stand right and left car, face the same direction as the pig and the left car where the 1 is located. To correctly identify the where the 3 is located and put 2 notches in the quarter of to have a 6-2; put 2 notches in the quarter of the right ear two notches can be made in each quarter of the ear, i.e.

accordance with all rules of the state, county and Chapter 4-Hor FFA Program and also has (have) successfully completed a Food Animal Quality Assurance program/test for this period.

Date.

(At least one of those listed at the top of this form must sign.)

Extension Staff or FFA Advisor

Phone