



Last Name			First Name(s) and 4-H Age(s)			4-H Club   FFA Ch	apter Name County	
YQCA#			Premise ID#					
NEBRASKA 4-H   FFA BREEDING BEEF OWNERSHIP AFFIDAVIT Rev. 1/20)								
Home Raised (HR) County Raised (CR) Return (R)	Breed or Breeds Involved	Date of Birth (month/year)	Tattoo (Required for State Fair)	Visual Tag Number/ Full 15 Digit EID Number (Please include both if applicable)	Check if State Fair Animal	State Fair Validation Number	Name & Registration Number of Project Animal	Additional Notes
		,						
	re of Club or Chap one of those listed at th			ture of Parent and Address		affidav 4-H or Food A Date_	hese) youth has (have) submitted this livit-in-accordance-with-all-rules-of-the-state FFA Program and also has (have) succe Animal Quality Assurance program/test	te,-county-and-Chapter- essfully completed a for this period.
							on Staff or FFA Advisor	