**Council on Dairy Cattle Breeding**

**Data Exchange Approval for National Evaluation Centers**

Application Form

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| --- |
| **ORGANIZATION/COMPANY** |
| Name: |       |
| Address: |       |
| Telephone: |       |
| Web page: |       |
| **AUTHORIZED REPRESENTATIVE** |
| Name: |       |
| Position: |       |
| Telephone: |       |
| Cell phone: |       |
| E-mail: |       |
| **LABORATORY PERSONNEL TO BE GRANTED ACCESS TO CDCB DATA SUBMISSION SYSTEM** |
|  | **Contact person 1** | **Contact person 2** |
| Name: |       |       |
| Position: |       |       |
| Telephone: |       |       |
| Cell phone: |       |       |
| E-mail: |       |       |
| **QUESTIONS** |
| Briefly describe the nature of your operation:  |       |
| Describe your experience/qualification as a national evaluation center: |       |
| What are the expected number/month and the origin of the genotypes you intend to supply to the CDCB? |       |
| Please provide contact information of clients of your genotyping services that can be used as references. |       |
| Date:      | Signature: |