**Council on Dairy Cattle Breeding**

**Data Exchange Approval for National Evaluation Centers**

Application Form

|  |  |  |  |
| --- | --- | --- | --- |
| **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: | |