**Council on Dairy Cattle Breeding**

**Quality Certification for Genomic Nominators**

Application Form

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| --- | --- | --- |
| **ORGANIZATION/COMPANY** | | |
| Name: |  | |
| Address: |  | |
| Telephone: |  | |
| Web page: |  | |
| **AUTHORIZED REPRESENTATIVE** | | |
| Name: |  | |
| Position: |  | |
| Telephone: |  | |
| Cell phone: |  | |
| E-mail: |  | |
| **NOMINATOR 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 qualifications to become genomic nominator: | |  |
| What are the expected number/month and source of the genotypes you intend to supply to the CDCB if certified? | |  |
| Please provide contact information of clients of your nomination services that can be used as references. | |  |
| Date: | | Signature: |

Please acknowledge that the payment of annual fee ($1,000) needs to be confirmed prior to the certification process.

Please send application to:

**Council on Dairy Cattle Breeding**

**Genomics team**

One Town Center

4201 Northview Drive,

Suite 302

Bowie, MD 20716

Phone: 240-334-4164

Email: [genomics@uscdcb.](mailto:genomics@uscdcb.)com

Payment instructions and invoice will be released by CDCB once the application form is approved.