FOR OFFICE USE ONLY (2)

Tracking Number_____

2007 Golden Hay Relief Program Application

PURCHASER INFORMATION

Name: _____

Mailing Address: _____

_____

_____

Phone Number: _____

* NC Premises ID Number: _____

Name/s of Others Sharing in Purchase: _____

* NC Premises ID Number: _____

Social Security number or Federal ID number: _____

Did you list your need for hay on the NCDA Hay Alert Web Site? _____

How many head of cattle do you own? _____

How much hay did you have on hand at time of this purchase? _____

* *Call 919-715-2951 to obtain a NC Premises ID Number if you do not have one.*

SELLER INFORMATION

Name: _____

Mailing Address: _____

_____

_____

Phone Number: _____

Did you find this seller listed on the NCDA Hay Alert Web Site? _____

If not, how did you locate them? _____

TRANSPORTATION INFORMATION

*Name of Transporter: _____

Mailing Address: _____

_____

_____

Phone Number: _____

Date of Delivery: _____

Number of Miles Driven: _____

Number of Bales Transported: _____

Origination Point of Hay: _____

Delivery Location: _____

*If self, then write "self."

I have attached the original bill of lading(s) or transportation receipt(s) (if I used a third party to move forage) and I certify that the information I have provided is correct to the best of my knowledge.

_____ _____

Applicant Signature **Date of Request**

Return to: NCDA&CS, Golden Hay Relief Program; P.O. Box 27647; Raleigh, NC 27611