



Oklahoma Cattlemen's Association
 Brand Registry Agent
 2500 Exchange Avenue
 P.O. Box 82395
 Oklahoma City, OK
 Phone: (405) 235-4391
 Fax: (405) 235-3608
 Email: tpruitt@okcattlemen.org

Application for Registration of Brand and Marks

Recording Fee \$20
 for five years or fraction
 thereof.

The law requires such
 fee for record and certifi-
 cate accompany the
 application.

A livestock brand should be easy to read and apply. A complicated or intricate brand will blotch easily or be too large. **Remember simple brands are best.** Once you have submitted your choices for a livestock brand, we will compare them to the brands already recorded. **Oklahoma does not record duplicate or similar brands.** If all of your choices are taken, you will receive notification of alternatives by mail.

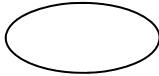
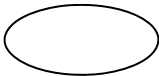
Brand to be Registered in the Name of _____

Whose Mailing Address is _____

Phone: _____ E-mail: _____

Branded livestock will range in _____ County(ies), Oklahoma.

Nearest town to livestock: _____

Draw Preferred Brand Below	Draw Second Choice Brand	Draw Third Choice Brand		
BRAND NAME:	BRAND NAME:	BRAND NAME:		
POSITION CODE:	POSITION CODE:	POSITION CODE:		
<p style="text-align: center;">Position Codes</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> RN—Right Neck RSh—Right Shoulder RR—Right Rib RH—Right Hip </td> <td style="width: 50%; vertical-align: top;"> LN—Left Neck LSh—Left Shoulder LR—Left Rib LH—Left Hip </td> </tr> </table>	RN—Right Neck RSh—Right Shoulder RR—Right Rib RH—Right Hip	LN—Left Neck LSh—Left Shoulder LR—Left Rib LH—Left Hip	<p style="text-align: center;">Specie(s)</p> <input type="checkbox"/> Cattle <input type="checkbox"/> Horse/Mule	<p style="text-align: center;">Ear Marks (optional)</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Right </div> <div style="text-align: center;">  Left </div> </div>
RN—Right Neck RSh—Right Shoulder RR—Right Rib RH—Right Hip	LN—Left Neck LSh—Left Shoulder LR—Left Rib LH—Left Hip			

The undersigned verifies the hot iron or freeze brand to be used is three inches or larger as required by 2 O.S. 4-2, Definitions and the \$20 recording fee is enclosed.

 Signature

 Date

FOR OFFICE USE ONLY

Date Filed: _____ Application No.: _____ Receipt No.: _____ Date Issued: _____