OREGON TRANSPORTATION CERTIFICATE

This Certificate Does Not Authorize Transportation of Cattle out of Oregon

Name of Owr	ner:					Date:	
Address:				City/Town:		Zip:	
Shipped From:				То:		Phone #:	
Carrier:				Vehicle #:		Premises ID#:	
# of Head	Breed/ Color	Sex	Brand or Ear tag #	Location of Brand	Ear Marks R L	Other Comments/Clearance	
		1					
Ι,		•	, on this	day of		do certify that I am in lawful possession	
of the abo	ove-describe	ed anima	ls. Owr	ner	nature	or AgentSignature	
FORM 3017 (F	Thi					RTIFICATE of Cattle out of Oregon	
Name of Own	Thi			ot Authorize	Transportation	of Cattle out of Oregon Date:	
Name of Own	Thi			City/Town:		of Cattle out of Oregon Date: Zip:	
Name of Own Address: Shipped Fron	Thi			City/Town:	Transportation	of Cattle out of Oregon Date: Zip: Phone #:	
Name of Own Address: Shipped Fron Carrier:	Thi		icate Does No	City/Town: To: Vehicle #:	Transportation	of Cattle out of Oregon Date: Zip:	
Name of Own Address: Shipped Fron	Thi			City/Town:	Transportation	of Cattle out of Oregon Date: Zip: Phone #:	
Name of Own Address: Shipped Fron Carrier: # of	Thi	is Certif	icate Does No	City/Town: To: Vehicle #: Location	Transportation Ear Marks	of Cattle out of Oregon Date: Zip: Phone #: Premises ID#:	
Name of Own Address: Shipped Fron Carrier: # of	Thi	is Certif	icate Does No	City/Town: To: Vehicle #: Location	Transportation Ear Marks	of Cattle out of Oregon Date: Zip: Phone #: Premises ID#:	
Name of Own Address: Shipped Fron Carrier: # of	Thi	is Certif	icate Does No	City/Town: To: Vehicle #: Location	Transportation Ear Marks	of Cattle out of Oregon Date: Zip: Phone #: Premises ID#:	
Name of Own Address: Shipped Fron Carrier: # of	Thi	is Certif	icate Does No	City/Town: To: Vehicle #: Location	Transportation Ear Marks	of Cattle out of Oregon Date: Zip: Phone #: Premises ID#:	
Name of Own Address: Shipped Fron Carrier: # of	Thi	is Certif	icate Does No	City/Town: To: Vehicle #: Location	Transportation Ear Marks	of Cattle out of Oregon Date: Zip: Phone #: Premises ID#:	
Name of Own Address: Shipped Fron Carrier: # of	Thi	is Certif	icate Does No	City/Town: To: Vehicle #: Location	Transportation Ear Marks	of Cattle out of Oregon Date: Zip: Phone #: Premises ID#:	
Name of Own Address: Shipped Fron Carrier: # of	Thi	is Certif	icate Does No	City/Town: To: Vehicle #: Location	Transportation Ear Marks	of Cattle out of Oregon Date: Zip: Phone #: Premises ID#:	
Name of Own Address: Shipped Fron Carrier: # of	Thi	is Certif	icate Does No	City/Town: To: Vehicle #: Location	Transportation Ear Marks	of Cattle out of Oregon Date: Zip: Phone #: Premises ID#:	
Name of Own Address: Shipped Fron Carrier: # of Head	Thinner: m: Breed/ Color	Sex	Brand or Ear tag #	City/Town: To: Vehicle #: Location of Brand	Ear Marks R L	of Cattle out of Oregon Date: Zip: Phone #: Premises ID#: Other Comments/Clearance	
Name of Own Address: Shipped Fron Carrier: # of Head	Thinner: m: Breed/ Color	Sex	Brand or Ear tag #	City/Town: To: Vehicle #: Location of Brand day of ner	Ear Marks R L	of Cattle out of Oregon Date: Zip: Phone #: Premises ID#: Other Comments/Clearance	