

## APPLICATION FOR AUTHORIZATION TO USE THE AGRISAFE NETWORK NAME OR LOGO

Applications for authorization to use the AgriSafe Network name or Logo must be submitted to: Executive Director,  
PO Box 1338, Spencer, IA 51301

If authorization is granted, the applicant will accept the authorization with the understanding that:

- a. The AgriSafe Network name or Logo will be used only as specified in this application.
- b. Authorization does not grant the applicant the exclusive right to the AgriSafe Network name or Logo for this or any other purpose.
- c. The AgriSafe Network may grant similar authorizations to competing organizations; and
- d. This authorization is revocable at the discretion of the Executive Director at any time after written notice.

Receipt is acknowledged of the regulations concerning the use of the AgriSafe Network or Logo Agreement is hereby made that, if authorization is granted, the Applicant will abide by all of the regulations therein. Please fill in the form on the reverse side.

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(Signature of Applicant)

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(Name of Applicant) (Printed)

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(Title)

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(Date)

APPLICATION      \_\_\_ New      \_\_\_ Renewal

**(Please Type or Print)**

<b>Name of Individual, Partnership, Corporation, or Association</b>	Organizational Address (Give complete mailing address & Zip Code)
Name of Authorized Representative	Length of Time Authorization Requested
Title	
Telephone Number (include area code)	E-Mail Address
Fax Number	Web Site
Submit sample of product or document showing proposed use of the AgriSafe Network name or Logo. List samples of products or exhibits submitted.	
Proposed Uses of the AgriSafe Network name or Logo (State specifically)  Attach separate sheets	