

BQA Ear Tag Order Form

Date: ____/____/____

Name: _____

Ranch: _____

Certification Number: _____

Address: _____

Phone: _____

Fax: _____

Date Needed: ____/____/____

Qualified Level:

- Level 1
- Level 2
- Level 3

_____ @ \$1.00/ea = \$_____

of tags

Total

** Please attach proof of vaccine purchase for your qualified level.*

Purchaser's Signature _____

Make checks payable to The University of Arizona

Mail to:

*Rancher Beef Quality Assurance Task Force
Department of Animal Science
205 Shantz Building
PO Box 210038
Tucson, Arizona 85721*

