Certified Island Beef Manifest

Date of Sale: _____

Cow/Calf Producer: This is for the Cow Calf Producer to fill out at time of sale	
Name	
Mailing Address	
Premise ID	
Phone Number	
Email	
Cow/Calf Producer's Signature:	**Date**:

If you require more space, please attach another sheet of paper for submission

CCIA Tag Numbers	Individual Birth Date	Individual weights	Sex	CCIA Tag Numbers	Individual Birth Date	Individual weights	Sex

Or: Optional Average Feeder weight at time of sale:

Or: Optional Birth Date Range: from (dd/mm/yy) to (dd/mm/yy)

Sold to CIB Feedlot Producer: This is for the Feedlot producer to fill out at time of sale		
Name		
Mailing Address		
Premise ID		
Phone Number		
Email		
	Expected ADG:	**Est Finish weight:**
Feedlot Producer's Signature:	**Date:**	

By signing this Manifest, both producers adhere to the regulations of the brand and understand that failure to do so may result in being removed from the brand.