

Arizona Department of Agriculture (AZDA)

Central Licensing Section

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	For ADA/ESD Use Only
7	Brand #:
	Date Received:

Date Recorded: _

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		as they appear on existing	-		
registered owner of Brand No					
(Month, Day, Year) to the applicants outlined below. Name of Applicant(s):	and	ending	(Month, Day, Ye		
And□ Or □(Select Only One)		And□ Or □ (Select 0	Only One)		
And□ Or □(Select Only One)		And□ Or □(Select C	Only One)		
Mailing Address:		City:		State:	Zip:
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Range:		County:			
Lessee(s) Signature /Title		Lessee(s)	d correct. Printed Name		
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Signature of Acknowledging Official