



Pineland Farms Natural Meats, Inc
60 Pineland Drive, Suite 115
New Gloucester, ME 04260
Phone 207-688-4808 Fax 207-688-4266

Affidavit & Transport Log

Date _____

Shipped from _____

Shipped to _____

Type of Operation (check one):
Cow/Calf _____ Backgrounder _____ Finisher _____

Type of Operation (check one):
Backgrounder _____ Finisher _____ Processor _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Phone # _____

Phone # _____

GAP Step Rating _____

Trucking Company _____

Certificate # _____

Driver's Name _____

Certificate Expiration Date _____

Phone# _____

*** Only when a certificate includes a deviation,
Check here _____ and attach a copy of the certificate

Driver Signature _____

Loading Info: Start time End Time Departure Time Arrival Time Reason for Delay (if any)

Number of Head Steers _____ Heifers _____ Total Count _____ Total wt. _____

The producer hereby attests that the following listed cattle sold to or marketed with, meet Pineland Farms' program protocols of never having received antibiotics including ionophores, or growth-promoting hormones, or feeds or feed supplements containing animal byproducts and are less than 30 months of age at slaughter. If being sold under a regional sourced program, I certify the cattle have been fed, finished, grown or located a minimum of 150 days within the State of _____ (abbreviations accepted).

| | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Producer Signature _____

Date of first birth _____

Attach Additional Individual Animal Identification separately (if needed)

PFNM Rep _____