

**National Pork Producers Council  
 Producer Consent Program (PCP) Investment Report  
 Farm to Farm Sales or Direct Sales**

Seller of Animals

*(USE LABEL PROVIDED)*

ACCOUNT # \_\_\_\_\_  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE (\_\_\_\_) \_\_\_\_\_  
 E-MAIL \_\_\_\_\_ @ \_\_\_\_\_

CHECK IF ADDRESS CHANGED: \_\_\_\_\_ CHECK TO ORDER FORMS: \_\_\_\_\_

- 1. This form is to report farm-to-farm sales or direct sales for the Producer Consent Program.**
- 2. PCP investment should be deducted from the seller's gross market value.**
- 3. Please indicate the number, type and market value of the animals sold.**
- 4. Please indicate state of origin.**
- 5. Please indicate the period covered by the report.**
- 6. Return the report to the NPPC at the address listed at the bottom**

Type of Animals:

\_\_\_\_\_ Seed Stock                      \_\_\_\_\_ Feeder/Weaner Pigs                      \_\_\_\_\_ Market Pigs

Number and Gross Value:

State of Origin	Number of Hogs	Gross market Value	Consent Investment
_____	_____ HD	\$ _____ X.001 of Gross	\$ _____
_____	_____ HD	\$ _____ X.001 of Gross	\$ _____
_____	_____ HD	\$ _____ X.001 of Gross	\$ _____
_____	_____ HD	\$ _____ X.001 of Gross	\$ _____
_____	_____ HD	\$ _____ X.001 of Gross	\$ _____
_____	_____ HD	\$ _____ X.001 of Gross	\$ _____
<b>Total:</b>	_____ HD	\$ _____ X.001 of Gross	\$ _____

Period Covered \_\_\_\_\_ thru \_\_\_\_\_, 20\_\_\_\_  
month/day                      month/day

I hereby certify that the information contained in this consent investment report is true and accurate.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Mail this form with the required information to: National Pork Producers Council, P.O. Box 1338, Des Moines, Iowa 50305-1338

Information on this report will be kept confidential and used only for purposes of the Producer Consent Program.