

EAR TAG REPLACEMENT FORM

This form is to be utilized by the **County Level State Steer Validation Chairperson** for tag replacements within the county. A separate replacement form must be completed and submitted for each lost tag.

Tags may not be transferred from county to county.

COUNTY NAME _____	COUNTY NUMBER _____	DATE _____
EXHIBITOR (LAST) _____	(FIRST) _____	(MI) _____
ADDRESS _____		
CITY _____	ZIP _____	
PHONE # (_____) _____		
ORIGINAL VAL. TAG # _____		
REPLACEMENT VAL. TAG # _____		
STEER COLOR _____		

EXHIBITOR(S) SIGNATURE _____

AST/CEA SIGNATURE _____

VALIDATION CHAIR SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

Ear Tag Replacement forms must be completed, scanned and emailed to the State 4-H office to:

Dottie Goebel
dottie.goebel@ag.tamu.edu

FOR OFFICE USE ONLY	
Date Received: _____	Date Processed and Entered: _____