



CHAPTER _____

CHAPTER NUMBER _____

ADVISOR NAME _____

NEBRASKA FFA YOUTH LIVESTOCK QUALITY ASSURANCE CERTIFICATION FORM

EXHIBITOR NAME	ADDRESS	CITY	S T A T E	ZIP	DATE OF BIRTH	Date (mo/yr) Student Finished Ag Ed Class	Yr. Certified (Ex: 7, 8, FR, SO, JR. SR)	EXHIBITOR SIGNATURE

It is my professional judgment that the FFA members listed above have met the requirements for the Youth Livestock Quality Assurance Program through enrollment in a one semester livestock class where they have received all the requirements of the quality assurance program. This one semester class will certify FFA members for three years.

Signature of FFA Advisor _____ Date _____ Phone # _____

MAIL COMPLETED FORM TO: KENT ZELLER, FFA Superintendent, PO Box 171, RAVENNA, NE 68869

Copies should be kept by the FFA Advisor, the exhibitor and one copy sent to Nebraska State Fair General Superintendent.