

# Application to Use 4-H Name and Emblem Statewide or Multiple County Use 3/2020

University of California  
Agriculture and Natural Resources



**Directions:** Applications for authorization to use the 4-H Name and/or Emblem within CA for use statewide or in multiple counties (not under the authority of one county director) must be submitted to:

State 4-H YDP Director  
UC ANR  
State 4-H Office  
One Shields Avenue  
Davis, CA 95616

**Or via email:**

Email a signed, scanned/PDF copy of this form to [fourhstateofc@ucdavis.edu](mailto:fourhstateofc@ucdavis.edu). Attach to the email a graphics file depicting a sample of the product(s) and proposed use(s) of the 4-H Name and/or Emblem.

If authorization is granted, the applicant will accept the authorization with the understanding that:

- a. The 4-H Name and/or Emblem will be used only as specified in the application and/or written authorization;
- b. Authorization does not grant the applicant the exclusive right to the 4-H Name and/or Emblem for this or any other purpose;
- c. The National Institute for Food and Agriculture or State 4-H YDP Director may grant similar authorizations to competing organizations; and
- d. This authorization is revocable at the discretion of the State 4-H YDP Director, or their designee, at any time after written notice.

Please complete page 2 of this application, including supplying a sample or graphic image of the product(s) and proposed use(s) of the 4-H Name and/or Emblem.

By signing this form, the applicant acknowledges the federal legislation and regulations concerning use of the 4-H Name and/or Emblem. Agreement is hereby made that, if authorization is granted, the applicant will abide by all of the regulations therein.

(Name of Applicant – print/typed)	(Signature of Applicant)
(Title)	(Date)

**APPLICATION – Please type or print**

In certain circumstances, County or State Cooperative Extension Service/Land-Grant Institution authorization is required. Duly authorized 4-H Clubs and County and State Cooperative Extension Services are among those authorized to use the 4-H Name and Emblem for their own educational or informational purposes, so long as they are consistent with federal legislation and regulations

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regarding the 4-H Name and/or Emblem. When using a vendor, the vendor needs to seek authorization to use the 4-H Name and/or Emblem at the appropriate level.

Name of Individual, Partnership, Corporation, or Association:	
Name of Authorized Representative:	
Title of Authorized Representative:	
Organizational Address (give complete mailing address):	
Telephone Number: (include area code)	
Fax Number: (include area code)	
E-mail address:	
Website:	

Type of Request: \_\_\_ New \_\_\_ Renewal

Proposed use of the 4-H Name and/or Emblem (be specific):

Length of time authorization requested:

Plan for sale OR distribution of product (if product is involved).

Across multiple counties within the same state. (Where the multiple counties are not under the authority of one county director). Specify counties/region:  
\_\_\_\_\_

Within one state. Specify State: \_\_\_\_\_

To complete this application, submit a sample of product(s) and proposed use of the Name and/or Emblem, or submit graphic image(s) of the same.

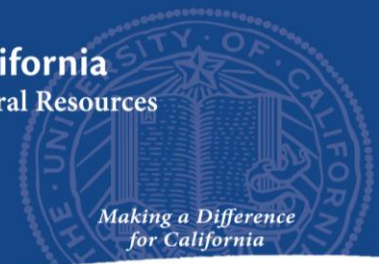
List here samples of products or exhibits submitted:

Section to be completed by State 4-H Office:	
State 4-H YDP Director Signature	Name – (Printed/typed)



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