

Oregon Department of Agriculture
Animal Health Division
(503) 986-4680

LICENSE # _____ Applicant # _____
PRINT OR TYPE LICENSE EXPIRES JUNE 30, 20 _____
Business Name _____ Phone No. _____

Licensee Name _____ Fax Number _____

Mailing Address _____ Cell Number _____

City, State, Zip _____ E-Mail _____

Business Location:

Street Address _____ Phone No _____

City, State, Zip _____ Fax Number _____

Circle one of the following: New License Renewal Additional Information

Circle type of ownership: Individual Partnership Corporation

*****TRANSPORTATION AND DISPOSAL OF CARCASSES*****

		Fee	
_____	AP Assembly Plant	\$ 10.00	\$ _____
_____	RP Rendering Plant	\$ 50.00	\$ _____
	(List vehicle license number(s) below)		
_____	CFT Conveyance For Transport _____	\$10.00 per vehicle	\$ _____
	(List vehicle license number(s) below)		
		Late Penalty Fee If Applicable	\$ _____
		Total Fees	\$ _____

List vehicle license numbers below:

Signature _____ Title _____ Date _____

Print Owner's Name _____

For Checks or Money Orders, mail to:

Oregon Department of Agriculture
PO Box 4395, Unit 16
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:

Oregon Department of Agriculture
635 Capitol St. N.E.
Salem OR 97301-2532

Secure Fax
(503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your registration.

For Visa or MasterCard Charges Complete the Following Information

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Email or Fax receipt available for credit card payments ONLY. Print Email address or Fax# _____

Signature: _____ Total Charges: \$ _____

Card Number: _____ / _____ / _____ Expiration Date: _____ / _____