

**FMBD**

Oregon Department of Agriculture  
 Fertilizer Program  
 (503) 986-4637

Form date 4/18



Fertilizers Manufacturer-Bulk Distributor (FMBD) License Application Form  
 For Fertilizers, Agricultural Minerals, Agricultural Amendments, and Lime

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State, Zip, Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

License #  
 AG-L \_\_\_\_\_ FMBD

License for year  
 20 \_\_\_\_  
**LICENSE EXPIRES DECEMBER 31**

**TOTAL FEE DUE \$ 50.00**

A manufacturer-bulk distributor license is needed by each out-of-state or in-state business that distributes fertilizer, agricultural mineral, agricultural amendment, or lime products in bulk in Oregon, or each in-state business that manufactures fertilizer, agricultural mineral, agricultural amendment, or lime products. Only one manufacturer-bulk distributor license is needed per business, regardless of number of locations. All business locations that are in operation for more than 90 days during a calendar year need to be listed. Changes in business locations (closures, new locations, etc.) must be reported to the Department within 30 days.

**Location #1**  
 (List the physical address of applicant if not listed above)

Business name \_\_\_\_\_

Contact \_\_\_\_\_

Physical address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

**Location #2**

Business name \_\_\_\_\_

Contact \_\_\_\_\_

Physical address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

LIST ADDITIONAL LOCATIONS ON THE REVERSE SIDE OF THIS FORM AND/OR ADDITIONAL PAGES

**I certify that the information contained in this application is true and correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

<p><b><u>For Checks or Money Orders, mail to:</u></b>          Oregon Dept. of Agriculture          P.O. Box 4395, Unit 17          Portland, OR 97208-4395</p>	<p><b><u>For Credit Card Charges, mail or fax to:</u></b>          Oregon Dept. of Agriculture      Secure Fax: (503) 986-4746          635 Capitol St. NE          Salem, OR 97301-2532</p>
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Make checks payable to: Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701

**For Discover, Visa, MasterCard Charges, Complete the Following Information**

Name of cardholder: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of cardholder: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Email or Fax receipt available for credit card payments ONLY. Print Email address or Fax#** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Total charges: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

