

Oregon Department of Agriculture
**Feed Distributor or Manufacturer license
and Feed Product Registration**

Program questions call:

Animal Health Division 503-986-4691 <http://oregon.gov/oda/ahid>

<u>License #AG-R</u>	<u>FEED</u>	<u>Temp Lic #</u>
PRINT OR TYPE:		LICENSE EXPIRES DECEMBER 31, 20_____
Firm Name _____	Telephone No. _____	
Contact Name _____	Fax Number _____	
Mailing Address _____	e-mail _____	
City _____	State _____	Zip _____

Circle one of the following: NEW ADDITIONAL FORMULATIONS to Lic AG-R _____ FEED

***** **Location License** *****

Wholesale Distributors, Brokers (no products registered)	Annual Fee	\$150.00
-OR-	-OR-	

In-State Manufacturers pay for each locations volume.

Labelers, contract feeders and Out-Of-State(O/S) Manufacturers use total tons Distributed in Oregon.

<u>Annual Tonnage</u>	<u>location city or O/S</u>		<u>Annual Fee</u>
Bird Seed only < 1 ton per year	_____	At \$15.00 each	\$ _____
Less than 5,000 tons	_____	At \$150.00 each	\$ _____
5,000 to 9,999 tons	_____	At \$300.00 each	\$ _____
10,000 to 19,999 tons	_____	At \$450.00 each	\$ _____
20,000 to 30,000 tons	_____	At \$600.00 each	\$ _____
Greater than 30,000 tons	_____	At \$750.00 each	\$ _____
		SUBTOTAL	\$ _____

***** **Product Registration** *****

EACH FEED FORMULATION _____ AT \$40.00 each = \$ _____

Required: Attach a list of formulations (products) to be registered. Furnish one copy of the current label or tag for each formulation to be registered.

Total Fee Enclosed \$ _____

PAYMENT METHOD

For Checks or Money Orders, mail to:

Oregon Department of Agriculture
PO Box 4395, Unit 17
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:

Oregon Department of Agriculture Secure Fax
635 Capitol St. N.E. (503) 986-4746
Salem OR 97301-2532

Make checks payable to **Oregon Department of Agriculture**. All dishonored checks or electronic payments will incur a \$35 administrative fee (ORS 30.701).

For Visa, Discover, American Express 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: _____ / _____

Do not email credit card information. Use secure fax or regular mail. Rev 1/23/24 2022 fees

Company name:

Oregon commercial feed License # if known:

Count	Brand name	Feed name	Product Number (optional)	UPC Number X XXXXX XXXXX X (optional)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				

Each product is \$40 per calendar year. Total the Product fees and transfer it to the front page to the "Each Feed Formulation" spot.

Attach a tag or label for each feed.

Do not email credit card information. Use secure fax or regular mail. Rev 1/23/24 2022 fees