

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>

License # AG-R FEED Temp Lic # _____
 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 \$100.00
 -OR- -OR-

In-State Manufacturers pay for each locations volume.
 Labelers, contract feeders and Out-Of State Manufacturers use total tons Distributed in Oregon.

Annual Tonnage	# locations	Annual Fee	
Bird Seed only < 1 ton per year	_____	At \$10.00 each	\$ _____
Less than 5,000 tons	_____	At \$100.00 each	\$ _____
5,000 to 9,999 tons	_____	At \$200.00 each	\$ _____
10,000 to 19,999 tons	_____	At \$300.00 each	\$ _____
20,000 to 30,000 tons	_____	At \$400.00 each	\$ _____
Greater than 30,000 tons	_____	At \$500.00 each	\$ _____
		SUBTOTAL	\$ _____

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

EACH FEED FORMULATION _____ AT \$20.00 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 635 Capitol St. N.E. Salem OR 97301-2532	Secure Fax (503) 986-4746
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Make checks payable to **Oregon Department of Agriculture**. All dishonored checks or electronic payments will incur a \$25 administrative fee (ORS 30.701).

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: _____ / _____

Do not email credit card information. Use secure fax or regular mail.

Company name:

License number if known:

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

Each product is \$20 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.