

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 License # _____

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** *****

Non-Manufacturing License: Wholesale Distributors, retailers who register feeds, relabelers or contract feeders who are not feed manufacturers. Annual Fee \$100.00

-OR-

-OR-

Oregon Manufacturers pay for each location in Oregon. One location per license, use total tons distributed in Oregon.
 Out-Of-State Manufacturers use total tons Distributed in Oregon.
 Firms with mills both inside and outside Oregon will need 2 licenses.

Annual Tonnage

	location name	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	\$ _____

***** **Feed 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. (pdf is fine. send to rtenevck@oda.state.or.us)

Total Fee Enclosed \$ _____

PAYMENT METHOD

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 (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 transmit credit card numbers by email.

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 or email a tag or label for each feed. rteneyck@oda.state.or.us

Labeling guidelines are at: http://egov.oregon.gov/ODA/AHID/commercial_feed_main.shtml

Oregon does not register foods for household dogs, cats, birds or fishes. We do register these products with our remedy program if they make health claims. See our website for more details and exceptions.