



State of Connecticut
Department of Agriculture
 License Division
 165 Capitol Avenue G8A
 Hartford, CT 06106

CT Registration #FED - _____

NEW REGISTRATION

NEW PRODUCTS

Registration Expiration: 12/31/13

COMMERCIAL FEED REGISTRATION APPLICATION

Application is hereby made in accordance with and subject to the provisions of Connecticut General Statutes Sections 22-118K through 22-118v, for registration of commercial feed products. All registrations shall expire on December thirty-first of each year. The registration renewal period shall be from January 1st to December 31st following, inclusive. Submitted as part of this application is one (1) tag or label (or facsimile of proposed label) for each new or revised product only. Acceptance of submitted application does not denote automatic acceptance of submitted label. Renewal products are listed on the attached product list. A check payable to the "Connecticut Department of Agriculture" must accompany this application.

Applications cannot be processed if the required payment is not submitted, the application is incomplete or missing, or the Federal Identification Number or Social Security Number is not provided. Incomplete applications and submitted payment will be returned for completion and resubmission.

1	Registration Number	Federal Employer Identification Number	or	Social Security Number
	FED - _____			

Registrant Name		
Registrant Telephone Number		
Registrant Email Address		
Registrant Mailing Address (Street / P.O. Box)		
Registrant City	State	Zip

If you are registering on behalf of another company, list that contact information here		
Company Name		
Company Telephone Number		
Company Mailing Address (Street / P.O. Box)		
Company City	State	Zip

Are you registering new products? Yes Complete Section 2
 No Skip to Section 3

2	Brand Name	Product name

Please check box if additional new products are listed on the reverse side.

3	Total number of products to be registered: _____	Calculated @\$80.00 per product	Total fee due: \$ _____
	I HEREBY CERTIFY THAT: 1. The information appearing on these labels or facsimiles is true and correct in every respect 2. The application is made for and in behalf of the above named company		
Printed name of applicant	Signature of applicant	Title	Date

- PLEASE RETURN:
- (1) This completed application
 - (2) One label for each new or revised product only
 - (3) Product listing (for renewals only, with corrections and deletions noted in red)
 - (4) Check payable to "Connecticut Department of Agriculture"

MAIL TO: Connecticut Department of Agriculture, Attn: Licensing, 165 Capitol Avenue G-8A, Hartford, CT 06106

For Agency Use Only				
Fee Amount Received	Check or Money Order #	Date Processed	Transmittal Number	Registration Expiration 12/31/13