



State of Connecticut
Department of Agriculture
 License Division
 165 Capitol Avenue G8A
 Hartford, CT 06106
 (860) 713-2512 fax (860)713-2585

CT Registration #FED - _____

- NEW REGISTRATION**
- ADD NEW PRODUCTS to existing registration**

Registration Expiration: 12/31/16

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. 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 FED - _____	Federal Employer Identification # (or Canadian GST #)	or	Social Security Number	
Registrant Company Name		If you are registering on behalf of another company, list that contact information here			
Registrant Mailing Address (Street / P.O. Box)					
Registrant City	State				Zip
Registrant Telephone Number					
Registrant Email Address					
		Company Name			
		Company Address (Street / P.O. Box)			
		Company City	State	Zip	
		Company Telephone Number			

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: \$ _____
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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
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- PLEASE RETURN:
- (1) This completed application
 - (2) One label for each new or revised product only
 - (3) 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	Registration Expiration 12/31/16