



State of Connecticut

Department of Agriculture

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 Hartford, CT 0610H
 (860) 713-2512

CT Registration #FED - _____

NEW REGISTRATION

**ADD NEW PRODUCTS
to existing registration**

Registration Expiration: 12/31/17

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. 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. Please allow at least 2 weeks for label review and processing.

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)		Company Name		
Registrant City	State	Zip	Company Address (Street / P.O. Box)	
Registrant Telephone Number		Company City	State	Zip
Registrant Email Address		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 paper label for each new or revised product
 - (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 12/31/17
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