

MASSACHUSETTS REGISTRATION APPLICATION FOR FEEDS

Please submit in Duplicate:

1. Make check payable to the COMMONWEALTH OF MASSACHUSETTS
2. Send check, application forms and unattached labels to:

Feed Control Official
Massachusetts Department of Agricultural Resources
251 Causeway Street, Suite 500
Boston, Massachusetts 02114-2151

For period ending December 31.

FIRM NAME _____

ADDRESS _____

NAME AND OFFICIAL POSITION OF PERSON SIGNING

DATE _____ **TELEPHONE #** _____

PRODUCTS TO BE REGISTERED

Enclosed is fee of \$ _____ covering registration of _____ products.
(Registration fee is **\$100.00** for each product. Please make check payable to Commonwealth of Massachusetts)

(Applicant not to fill in below this line)

CERTIFICATE OF REGISTRATION

This certifies that the above-named applicant is hereby licensed to sell the above products of Commercial Feed in the Commonwealth of Massachusetts for a period ending December 31 _____ when sold, offered or exposed for sale under the product name, guaranteed analysis and declaration of ingredients exactly as they appear on the enclosed labels.

DATE

REGISTRATION #

CONTROL OFFICIAL

(Registration application forms can be downloaded at www.mass.gov/agr)