

THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS

FEED



Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114
617-626-1700 fax: 617-626-1850 www.mass.gov/agr



Massachusetts Feed Registration Application

Registrant Information:

Name:		
Address:		
City / Town:	State:	Zip Code:
Telephone:		Fax:
Typed Name of Authorized Representative:		Title:
Signature of Authorized Representative:		Date:

Products Submitted for Registration

Product Registration Fees

Enclosed fee of \$ _____ for the registration of _____ products.

A Product Registration Fee of \$100 is charged for each different product:

Please Make Check or Money Order Payable to the: **"Commonwealth of Massachusetts"**

Mailing Information: Commonwealth of Mass, P.O. Box 417103, Boston, MA 02241-417103

This certifies that the above-named applicant is hereby licensed to sell the listed 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