



State of Connecticut
Department of Agriculture
 450 Columbus Boulevard, Suite 702
 Hartford, CT 06103
 Licensing (860) 713-2512

CT Registration #FED - _____

NEW REGISTRATION

**ADD NEW PRODUCTS
to existing registration**

Registration Expiration: 12/31/23

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.

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
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Business Type (Complete one)			
<input type="checkbox"/> Sole Proprietor - Owner Name _____	<input type="checkbox"/> Partnership - Principal Partner Name _____	<input type="checkbox"/> Corporation - President Name _____	<input type="checkbox"/> LLC - Principal Member Name _____

Registrant/ Agent / Manufacturer (All correspondence will be mailed here) Registrant Mailing Address (Street / P.O. Box) <table style="width:100%;"> <tr> <td style="width:30%;">Registrant City</td> <td style="width:15%;">State</td> <td style="width:55%;">Zip</td> </tr> </table> Registrant Telephone Number Registrant Email Address	Registrant City	State	Zip	If you are registering on behalf of another company, list that contact information here Company Name Company Address (Street / P.O. Box) <table style="width:100%;"> <tr> <td style="width:70%;">Company City</td> <td style="width:15%;">State</td> <td style="width:15%;">Zip</td> </tr> </table> Company Telephone Number	Company City	State	Zip
Registrant City	State	Zip					
Company City	State	Zip					

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 legible paper label for each new product
 - (3) Check payable to "Connecticut Department of Agriculture"

For Agency Use Only			
Fee Amount Received	Check or Money Order #	Date Processed	Registration Expiration 12/31/23