



IMPORTANT: Please read through the instructions to complete your application.

SECTION 1: Complete this section with the information requested.

SECTION 1: BUSINESS INFORMATION					
APPLICANT					
COMPANY NAME ABC Feed Ingredients			NAME OF APPLICANT Abe Clark		
MAILING ADDRESS 1234 10th Street			PHONE NUMBER (include area code) 360-555-5555	EXTENSION	
CITY Olympia			<p>Applicant Information: This is the company name and contact information of the person completing the form.</p>		
INSPECTION FEE REPORTING (76) CONTACT IF DIFFERENT FROM APPLICANT					
COMPANY NAME ABC Feed Ingredients			<p>Inspection Feed Reporting: This is the contact information for the person responsible to report.</p>		
MAILING ADDRESS 1234 10th Street			360-555-5555		
CITY Olympia	STATE WA	ZIP CODE 98504	EMAIL ADDRESS aclark@abcfi.com		
LICENSEE (all address and contact information is for the location being licensed)					
LICENSEE NAME XYZ Complete Feeds			NAME OF CONTACT AT LOCATION Xavier Zachariah		
MAILING ADDRESS FOR LICENSEE 8910 1st Street			PHYSICAL ADDRESS FOR LICENSEE 910 1st Street		
CITY Spokane	STATE WA	ZIP CODE 98122	CITY Spokane		
PHONE NUMBER (include area code) 509-555-5555			EMAIL ADDRESS zach@xyzcompletefeeds.com		EMERGENCY CONTACT NO. 509-555-5556

SECTION 2: Distribution information - Check applicable boxes for the following:

SECTION 2: DISTRIBUTION INFORMATION FOR PHYSICAL LOCATION (Check all that apply)					
<input type="checkbox"/> Initial Distributor		<input checked="" type="checkbox"/> Company Name Appears On Label as Guarantor		<input checked="" type="checkbox"/> Manufacture Feed in Washington State	
Processing Type		Animal Class		Ingredient	
<input type="checkbox"/> Extrusion	<input checked="" type="checkbox"/> Heating	<input checked="" type="checkbox"/> Swine	<input type="checkbox"/> Alfalfa	<input type="checkbox"/> Grain Sorghums	<input type="checkbox"/> Soybean
<input type="checkbox"/> Milling	<input checked="" type="checkbox"/> Mixing	<input type="checkbox"/> Broiler	<input type="checkbox"/> Amiro Acids	<input type="checkbox"/> Lespedeza	<input type="checkbox"/> Special Purpose
		<input type="checkbox"/> Starter	<input type="checkbox"/> Animal Products	<input checked="" type="checkbox"/> Maize	<input type="checkbox"/> Vitamins
		<input type="checkbox"/> Layer-Breeder	<input type="checkbox"/> Meat & Bone Meal (equine/porcine)	<input type="checkbox"/> Marine	<input type="checkbox"/> Wheat bust
<p>Distribution Info - Process Type and Animal Class: Select all that apply.</p> <p>'Animal Class' products are intended to be fed to the animal and not for 'further manufacturing.'</p> <p>Products intended for 'further manufacturing' select from the 'Ingredient' table.</p>			<p>Distribution Info - Ingredients: Select all that apply.</p> <p>Please reference the Defined Feed Ingredient List to find the category an ingredient is listed under.</p>		
			<p>Note: As the licensee you are required to meet all labeling requirements per WAC 16-250.</p>		
<input type="checkbox"/> Equine	<input type="checkbox"/> Poultry	<input type="checkbox"/> Custom Formula	<input type="checkbox"/> Cottonseed	<input type="checkbox"/> Oats	<input type="checkbox"/> Distillers
<input type="checkbox"/> Wild Bird	<input type="checkbox"/> Other Oilseed	<input type="checkbox"/> Human Food By-Products	<input type="checkbox"/> Drugs & Medicated Feeds	<input type="checkbox"/> Technical Additives	<input type="checkbox"/> Enzymes
<input type="checkbox"/> Fats & Oils	<input type="checkbox"/> Fermentation	<input type="checkbox"/> Screenings	<input type="checkbox"/> Fermentation	<input type="checkbox"/> Fermentation	<input type="checkbox"/> Fermentation

SECTION 3: Application fees - Make checks payable to WSDA.

SECTION 3: FEES	
Application / Renewal Fee*	\$50.00
<small>7116</small>	
<small>Please help us reduce paper waste and only send in the forms required for submission (instructions with submission are not required)</small>	

SECTION 4: Sign and Date.

SECTION 4: SIGNATURE (Required)	
SIGNATURE OF APPLICANT	DATE

Mail feed license application to:
Washington State Department of Agriculture
PO Box 42591
Olympia WA 98504-2591

Need to Overnight? Mail to:
Washington State Department of Agriculture
1111 Washington Street SE, 2nd Floor
Olympia WA 98504-2591

If you have any questions concerning a commercial feed license, please contact WSDA at (360)902-1942 or by email at feedreg@agr.wa.gov.