Regulatory & Environmental Affairs Division
West Virginia Department of Agriculture
1900 Kanawha Blvd. E., Charleston, WV 25305
304-558-2227

WEST VIRGINIA DEPARTMENT OF AGRICULTURE
Attn: Administrative Services Division
1900 Kanawha Blvd., East
Charleston, WV 25305-0170
Phone: (304) 558-2226; FAX: (304) 558-3594

Code No. 6894-9806

FEDEX/UPS DELIVERY ADDRESS:
217 Gus R. Douglass Lane
Charleston, WV 25312

Application to Register as a Commercial Feed Distributor

Registration Period January 1 through December 31,

Pursuant to West Virginia Code 19-14-5(d), ... Each person first distributing commercial feed into West Virginia trade channels must obtain a Commercial Feed Distributor Permit, except:

(1) persons distributing pet food exclusively;
(2) persons holding a valid Commercial Feed Manufacturing Permit; and
(3) persons distributing only those feed that they register.

Complete application and return with a check or money order for **$10.00** made payable to the West Virginia Department of Agriculture. An additional **$100** shall be added to the fee for all permits that are not applied for at least fifteen (15) days prior to the date that the person intends to engage in business in this state. All fees must be paid in U.S. funds drawn from a U.S. Bank, unless the registrant includes an additional $ 3 5 . 0 0 to cover the WV Treasurers Office handling cost for processing a foreign check.

Company Name: _____ **FEIN:** _____

Mailing Address: ----------
PO Box/Street *City* *State* *Zip*

Location (if different): ----------
Street *City* *State* *Zip*

Phone Number: _____ **FAX:** _____

Email: _____ **WVDA Plants ID Number:** _____

Person to receive official notices: _____ **Title:** _____

Please Check Here if you are a new firm in West Virginia: ☐

Source of commercial feed distributed (i.e., manufacture, previous distributor):

I certify that the above information is true and correct to the best of my knowledge. I understand that the Commissioner of Agriculture has the authority to refuse this registration should he find cause to do so, pursuant to WV Code 19-14-3(d).

Signature of Authorized Representative **Printed or Typed Name and Title** **Date**

WVDA-FDIST