Nebraska Department of Agriculture, Animal and Plant Health Protection, Central Fee Collection, P.O. Box 94668, Lincoln, Nebraska 68509-4668 Phone: (402) 471-2351 Fax: (402) 471-6893

Application for Firm Registration Certificate

All Firm Registrations Expire on December 31.

NOTE: If your firm manufactures and/or distributes (1) commercial feed, (2) fertilizers or soil conditioners, or (3) agricultural liming materials, you are required to register all in-state locations. If you have no in-state locations, your principal out-of-state office must be registered.

PLEASE PRINT

Company name_						
Street address _						
City			State		Zip	
Telephone number			Fa	Fax number		
Contact person			Fe	Federal ID number		
Email address						
If you are a sole	proprietorship,	please comp	lete this informati	on:		
		United St	tates Citizenship	Attestation Form	n	
For the purpose	of complying w	ith <u>Neb</u> . <u>Rev</u> .	Stat. §§4-108 thi	ough 4-114, I atte	est as follows:	
☐ I am a citiz	en of the United	States.				
			or			
☐ I am a qualified alien under the federal Immigration and						
number are as follows:, as documentation upon request.				, and I agree to	o provide a copy of my USCIS	
benefits are true presence in the		l accurate, ar		at this information	n may be used to verify my lawful	
Print Name			Signature		Date	
	d Firms (\$15 I	License fee) ages of 10 po	unds or less? than 10 pounds?			
☐ Dry	☐ Liquid	☐ Retail	☐ Wholesale		Due: \$	
☐ Manufacturer	☐ Labeler	☐ Distribut	s (<u>\$15 License fe</u> tor Wholesale	_,	Due: \$	
Agricultural Lim	ing Material Fir	ms (<u>\$5 Lice</u>	nse fee)			
☐ Manufacturer	☐ Labeler	☐ Distribut	tor			
☐ Retail	☐ Wholesale				Due: \$	
				TOTAL	DUE: ¢	
			m and payment to wing if you will be	o the address lis		
Name on credit card:				Three-digit V-code:		
Credit card number:				Expiration date:		