

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 _____ Fax number _____
 Contact person _____ Federal ID number _____

If you are a sole proprietorship, please complete this information:

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114, I attest as follows:

I am a citizen of the United States.

or

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate, and I understand that this information may be used to verify my lawful presence in the United States.

Print Name _____ Signature _____ Date _____

Commercial Feed Firms (\$15 fee)

Do you sell any products in packages of 10 pounds or less? Yes No

Do you sell any products in packages greater than 10 pounds? Yes No

Manufacturer/Labeler Dry Retail
 Distributor Liquid Wholesale Due: \$ _____

Commercial Fertilizer Firms _____ Soil Conditioner Firms _____ (\$15 fee)

Manufacturer/Labeler Dry Retail
 Distributor Liquid Wholesale Due: \$ _____

Agricultural Liming Material Firms (\$5 fee)

Manufacturer/Labeler Retail
 Distributor Wholesale Due: \$ _____

TOTAL DUE: \$ _____

Please send this form and payment to the address listed above.

Please complete the following if you will be paying by **Visa** or **MasterCard**:

Name on credit card: _____ Three-digit V-code: _____
 (V-Code is located on back of card)

Credit card number: _____ Expiration date: _____

FOR STATE USE ONLY

	<u>Mfg/Labeler</u>	<u>Dist</u>	<u>Whls/Retail</u>	<u>Dry/Liquid</u>	<u>Reg</u>	<u>Tax</u>
Feed	Y N L	Y N	W R B N	D L B N	Y N	Y N
Fert.	Y N L	Y N	W R B N	D L B N	Y N	Y N
Lime	Y N L	Y N	W R B N	D L B N	Y N	Y N

_____ ID _____ County _____ City _____ Insp _____ Fee _____