

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 _____
Email address _____

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

United States Citizenship Attestation Form		
For the purpose of complying with <u>Neb. Rev. Stat.</u> §§4-108 through 4-114, I attest as follows:		
<input type="checkbox"/> I am a citizen of the United States.		
or		
<input type="checkbox"/> 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

Please check all boxes that apply to your firm.

Commercial Feed Firms (\$15 License 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 Distributor
 Dry Liquid Retail Wholesale Due: \$ _____

Commercial Fertilizer/Soil Conditioner Firms (\$15 License fee)

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

Agricultural Liming Material Firms (\$5 License fee)

Manufacturer Labeler Distributor
 Retail 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: _____

Billing Address: _____
FF15 (3/17)