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) 471-6892

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: _____

Billing Address: _____

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