

**MANUFACTURER-BULK DISTRIBUTOR LICENSE  
APPLICATION FOR FERTILIZERS, AG  
MINERALS, AG AMENDMENTS AND LIME**

Oregon Department of Agriculture  
PO Box 4395 Unit 16  
Portland, OR 97208-4395  
**(503) 986-4635**



For Office Use Only

Hearing Impaired TDD#: (503) 986-4762

LICENSE # \_\_\_\_\_

LICENSE TYPE **96**

MAIL FIRM # \_\_\_\_\_

**PRINT OR TYPE**

Business Name (Main Office)		
Contact		
Mailing Address		
City	State	Zip

Telephone No. ( ) \_\_\_\_\_

FAX No. ( ) \_\_\_\_\_

Location Firm No. \_\_\_\_\_

ODA Pesticide Quarterly Newsletter notification by Email?  Yes  No

E-Mail Address: \_\_\_\_\_

**LICENSE EXPIRES DECEMBER 31**

**A manufacturer-bulk distributor license is needed by each out-of-state or in-state business that distributes fertilizer, ag amendment, ag mineral or lime products in bulk in Oregon, or each in-state business that manufactures fertilizer, ag amendment, ag mineral or lime products. Only one manufacturer-bulk distributor license is needed per business, regardless of the number of locations. All business locations that are in operation for more than 90 days during a calendar year need to be listed. Changes in business locations (closures, new locations, etc.) must be reported to the Department within 30 days.**

**Location #1** ( List the physical address of applicant if not listed above.)

Business Name		
Contact		
Physical Address		
City	State	Zip
( )		
Telephone Number		

**Location #2**

Business Name		
Contact		
Physical Address		
City	State	Zip
( )		
Telephone Number		

**Location #3.**

Business Name		
Contact		
Physical Address		
City	State	Zip
( )		
Telephone Number		

**Location #4.**

Business Name		
Contact		
Physical Address		
City	State	Zip
( )		
Telephone Number		

If you need additional space please use the reverse side

**Visit us on the Web at <http://oregon.gov/oda/pest/fertilizer.shtml>**

Date _____	<b>License Fee:</b> \$ <u>50.00</u>
Name _____	<b>\$25.00 Late Fee:</b> \$ _____ <small>If application not received by January 30</small>
Signature _____	<b>Total Fee Due:</b> \$ _____

*RETURN THIS COMPLETED APPLICATION WITH YOUR REMITTANCE PAYABLE TO THE OREGON DEPARTMENT OF AGRICULTURE*

**Location #5**

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Business Name

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Contact

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Physical Address

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City State Zip

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( )

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Telephone Number**Location #6**

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Business Name

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Contact

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Physical Address

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City State Zip

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( )

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Telephone Number**Location #7**

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Business Name

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Contact

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Physical Address

---

City State Zip

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( )

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Telephone Number**Location #8**

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Business Name

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Contact

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Physical Address

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City State Zip

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( )

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Telephone Number**Location #9**

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Business Name

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Contact

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Physical Address

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City State Zip

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( )

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Telephone Number**Location #10**

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Business Name

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Contact

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Physical Address

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City State Zip

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Telephone Number**Location #11**

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Business Name

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Contact

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Physical Address

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City State Zip

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Telephone Number**Location #12**

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Business Name

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Contact

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Physical Address

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City State Zip

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Telephone Number**Location #13**

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Business Name

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Contact

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Physical Address

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City State Zip

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Telephone Number**Location #14**

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Business Name

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Contact

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Physical Address

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City State Zip

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( )

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Telephone Number