

# STATE OF KENTUCKY APPLICATION FOR REGISTRATION OF COMMERCIAL FEEDS

**Return To:**

Feed Program  
 UK Division of Regulatory Services  
 103 Regulatory Services Bldg.  
 Lexington, KY 40546-0275

Phone: (859) 257-6528  
 Fax: (859) 323-9931  
[ukfeed@uky.edu](mailto:ukfeed@uky.edu)  
[www.rs.uky.edu](http://www.rs.uky.edu)

**Instructions:** Submit the application and a label for each product. Your application will be received and processed in the overall order received. You will be notified once the label review is completed.

- Note:**
- A. For products sold exclusively in a retail package weight of 10 pounds or less, a \$50 registration fee is required per product. Submit fee with the application. Annual re-registration is required and a renewal form will be provided in June.
  - B. For products sold in a package weight over 10 pounds, no registration fee is due even if the product is also sold in package weight of 10 pounds or less. An inspection fee of 35 cents per ton or \$25 minimum per quarter, whichever is greater, is due each quarter. Tonnage reporting forms will be provided each quarter.

**MAKE CHECKS PAYABLE TO 'UNIVERSITY OF KENTUCKY'**

Registrant (as shown on label) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_ E-mail \_\_\_\_\_

**If registration submitted by firm other than shown on the label provided:**

Company Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_

In the future will your firm handle registrations for the Registrant? [ ] Yes [ ] No [ ] N/A    Tonnage Reporting? [ ] Yes [ ] No [ ] N/A

Sold Exclusively    Sold In Package  
 In 10 Lb. Package    Over 10 Lb. or  
 Or Less - \$50 Fee    Bulk - No Fee

Complete Product Name (As Shown On Label)

Product # / Manufacturer ID    -----    Check One

1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Total Registration Fee Submitted \$ \_\_\_\_\_

Regulatory Services Use:    Check # _____	Check Date _____	\$ _____
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