Division of Regulatory Services

University of Kentucky

Lexington, KY 40546

**REGISTRATION OF CUSTOMER FORMULA FEED DISTRIBUTOR**

The Kentucky Commercial Feed Law requires manufacturers of customer formula feed to register as a customer formula feed distributor. A customer formula feed is defined as a commercial feed which consists of a mixture of commercial feed and/or feed ingredients, each batch of which is manufactured according to the specific instructions of the final purchaser. Registration is dependent upon agreement by the distributor to abide by labeling requirements of KRS 250.251 and maintained by the manufacturer of the customer formula feeds.

A customer formula feed shall be accompanied by a label or invoice with the following information:

1. Name and address of the manufacturer
2. Name and address of the purchaser
3. Date of the delivery
4. The product name and net weight of each commercial feed and all other ingredients used in the mixture
5. Adequate directions for use for *feeds containing drugs* including a statement of the purpose of the drug, drug levels in the custom formula feed, and any required warning or precautionary statement.

A Customer Formula Feed Distributor may be liable for the inspection fee on all commercial feed used in custom formula feeds in the event their supplier fails to report and pay the fee. Accurate records should be maintained to identify the supplier that paid the fee and the tonnage purchased.

Registration as a Customer Formula Feed Distributor may be cancelled by the Director if the registrant violates provisions of KRS 250.491 to 250.631 or regulations promulgated under the authority of KRS 250.571.

The applicant hereby agrees to meet the requirements of a custom formula feed distributor as set forth under the Kentucky Commercial Feed Law.

Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Applicant Name: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_