

**VERMONT AGENCY OF AGRICULTURE, FOOD AND MARKETS
BUSINESS OFFICE L&R
116 STATE STREET
MONTPELIER, VT 05620-2901**

APPLICATION FOR REGISTRATION OF DOSAGE FORM ANIMAL HEALTH PRODUCTS

Application for registration of dosage form animal health products to be sold under a label showing brand name and list of ingredients or other declarations, as named below is hereby filed with the Secretary of Agriculture. Registration period is from April 1 of the current year through March 31 of the following year. The cutoff date for receiving NEW dosage form animal health products before renewals are sent is February 15th.

Remittance, payable to the Agency of Agriculture, is enclosed herewith to cover the annual registration fee(s) for _____ Products(s) at \$35.00 per product **please send a label for each product you wish to register.**

The undersigned hereby certifies that the information appearing below is correct in every respect, that animal dosage form packages and/or labeling conform to 6 V.S.A. 26§325, and that this application is made for and on behalf of: _____ Total\$ _____

Manufacturer:
Firm _____

Address Correspondence to:
Firm _____

Street/P.O. Box _____

Street/P.O. Box _____

City & State _____

City & State _____

Zip _____ Telephone # _____

Zip _____ Telephone # _____

Email Address: _____

Attention _____

Correspondents Federal Identification Number _____

CERTIFICATION OF COMPLIANCE WITH 32 V.S.A. SECTION 3113

I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to, or in full compliance with a plan approved by the Commissioner of Taxes to pay, any and all taxes due the State of Vermont.

Date _____ Signature & Title _____

IF YOU ARE NOT IN GOOD STANDING AT THIS TIME, you may do one of the following three things:

1. Discontinue this certificate renewal application.
2. Arrange with the Vermont Department of Taxes to bring you into good standing through a payment plan approved by the Commissioner or otherwise;
3. Seek a determination from the licensing agency that immediate payment of taxes due and payable would impose an unreasonable hardship.

List names of dosage form animal health products to be registered. Attach additional pages, if necessary. Do not use this application as a renewal; we will send you a renewal application **each year** reflecting the products that are currently registered by your company.