

NEW YORK STATE PET FOOD REGISTRATION

Please mail <u>Application & Payment</u> payable to:
NYS DEPARTMENT OF AGRICULTURE AND MARKETS
DIVISION OF FOOD SAFETY AND INSPECTION
10B AIRLINE DRIVE
ALBANY, NY 12235

Facility ID # (For Office Use Only) Enter your **complete** business name, address, and Federal ID or Social Security number in the appropriate spaces. Physical Address: (Please Print) Legal Business Name (Owner): Trade Name: Address: City: State: Zip: Federal Identification Number: Social Security Number: (Enter Only One) Mailing Address: ☐ Same As Above Name: Street: City: State: Zip: **Contact Person: (Please Print)** Name: Phone: **Extension Number:** Fax: E-Mail Address: PLEASE NOTIFY US IF ANY INFORMATION CHANGES I hereby certify that the information above is true and correct in every respect; that each and every container of the product named below will be labeled as described; that the labels are the guarantees of the applicant as to the chemical composition and ingredient statements of the products below. If any pet food or specialty pet food product is changed in any way, a new application shall be made unless waived by the Commissioner of Agriculture and Markets. **Print Name** Signature of Person Submitting Application Title Telephone (_____) Extension: Date ___

Instructions for Submitting New Product Information and Labels

- 1. All fields must be completed.
- 2. Enter the complete product name, pet food code type (letter), and guaranteed analysis from the label. The guarantees must consist of four digits and a decimal point (i.e., 01.50, 03.00, 00.25).
- 3. You must submit a copy of the entire consumer label for each product being registered.
- 4. Labels must be legible.

| Pet Food Codes | | | | |
|---|-----------------|--|--|--|
| Type of Pet Food | Use Code Letter | | | |
| Bird | В | | | |
| Rodent (gerbil, hamster, guinea pig, rat) | R | | | |
| Canine (dog) | С | | | |
| Feline (cat) | F | | | |
| Primate (monkey, chimpanzee) | P | | | |
| Reptile (lizard, snake, crocodile, alligator) | N | | | |
| Turtle | Т | | | |
| Fish (tropical fish) | S | | | |
| Vitamins and minerals | V | | | |
| Laboratory diets | Ĺ | | | |
| Miscellaneous | Z | | | |

| Product Name | Pet Food | G | Guaranteed Analysis From Label | | | |
|---------------------|-----------|---------|--------------------------------|-------|----------|-----|
| (As Shown On Label) | Code Type | Protein | Fat | Fiber | Moisture | Ash |
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| Total Products Registered | |
|---------------------------|----------------------------|
| Total Labels Submitted | **LABELS MUST BE LEGIBLE** |

AUTHORIZATION AND PURPOSE

Disclosure of your Federal Employer Identification and/or Social Security number is mandatory and is authorized by Section 5 of the New York State Tax Law. This information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liability and to generally identify persons affected by the Tax Law administered by the Commissioner of Taxation and Finance administering the Tax Law and /or any other purpose authorized by the Tax Law.



STATE OF NEW YORK DEPARTMENT OF AGRICULTURE AND MARKETS 10B AIRLINE DRIVE ALBANY, NEW YORK 12235

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize the NYS Department of Agriculture and Markets to make a one time debit to your credit card listed below. Please mail to the above address.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

| Please complete the inform | mation below: | | | | | | |
|--|--|---------------------|--|--|--|--|--|
| , authorize the NYS Department of Agriculture and Markets to charge my | | | | | | | |
| credit card account indicated below for \$100 | . <u>.00 for each product.</u> This payn | nent is for a : | | | | | |
| <u>PE</u> | ET FOOD REGISTRATION | | | | | | |
| Billing Address | Phone# | | | | | | |
| City | State | Zip | | | | | |
| Email | | | | | | | |
| Account Type: Usa MasterCa | ard AMEX Discover | FOR OFFICE USE ONLY | | | | | |
| Cardholder Name | | | | | | | |
| Account Number | | Estab No.: | | | | | |
| Expiration Date | | License No.: | | | | | |
| CVV2 (3 digit number on back of Visa/MC, 4 | Receipt No | | | | | | |
| TOTAL FEE DUE: | | Validation No | | | | | |
| SIGNATURE | DATE | | | | | | |

I authorize the NYS Department of Agriculture and Markets to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for a Pet Food Registration, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card.