

NEW YORK STATE PET FOOD REGISTRATION**Department of Agriculture and Markets Article 8**

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

Is your company currently registered to distribute pet food/specialty pet food in New York State?

If yes, please complete the application below and enter your six digit Establishment Number: _____

If no, please 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:
(Enter Only One)

Social Security Number:

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

Date _____

Telephone (_____) _____

Extension: _____

SEE REVERSE

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	B
Rodent (gerbil, hamster, guinea pig, rat)	R
Canine (dog)	C
Feline (cat)	F
Primate (monkey, chimpanzee)	P
Reptile (lizard, snake, crocodile, alligator)	N
Turtle	T
Fish (tropical fish)	S
Vitamins and minerals	V
Laboratory diets	L
Miscellaneous	Z

Product Name (As Shown On Label)	Pet Food Code Type	Guaranteed Analysis From Label				
		Protein	Fat	Fiber	Moisture	Ash

Total Products Registered _____ @ \$100.00 Each = Total Fee Due \$ _____

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 information below:

I _____, authorize the NYS Department of Agriculture and Markets to charge my credit card account indicated below for **\$100.00 for each product.** This payment is for a:

PET FOOD REGISTRATION

Billing Address _____ Phone# _____
City _____ State _____ Zip _____
Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	FOR OFFICE USE ONLY
Cardholder Name _____	Estab No.: _____
Account Number _____	License No.: _____
Expiration Date _____	Receipt No. _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____	Validation No. _____
TOTAL FEE DUE: _____	

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.