

FMBD

Oregon Department of Agriculture
 Fertilizer Program
 (503) 986-4637

Form date 2/24



Fertilizers Manufacturer-Bulk Distributor (FMBD) License Application Form
 For Fertilizers, Agricultural Minerals, Agricultural Amendments, and Lime

Company Name _____

Contact Name _____

Mailing address _____

City, State, Zip, Country _____

Phone _____ Fax _____

Email _____

License #
 AG-L _____ FMBD

License for year
 20 ____
LICENSE EXPIRES DECEMBER 31

TOTAL FEE DUE \$ 50.00

A manufacturer-bulk distributor license is needed by each out-of-state or in-state business that distributes fertilizer, agricultural mineral, agricultural amendment, or lime products in bulk in Oregon, or each in-state business that manufactures fertilizer, agricultural mineral, agricultural amendment, or lime products. Only one manufacturer-bulk distributor license is needed per business, regardless of number of locations. All business locations that are in operation for more than 90 days during a calendar year need to be listed. Changes in business locations (closures, new locations, etc.) must be reported to the Department within 30 days.

Location #1
 (List the physical address of applicant if not listed above)

Business name _____

Contact _____

Physical address _____

City _____ State _____ Zip _____

Phone number _____

Location #2

Business name _____

Contact _____

Physical address _____

City _____ State _____ Zip _____

Phone number _____

LIST ADDITIONAL LOCATIONS ON THE REVERSE SIDE OF THIS FORM AND/OR ADDITIONAL PAGES

I certify that the information contained in this application is true and correct.

Signature _____ Date _____

<p><u>For Checks or Money Orders, mail to:</u> Oregon Dept. of Agriculture P.O. Box 4395, Unit 17 Portland, OR 97208-4395</p>	<p><u>For Credit Card Charges, mail or fax to:</u> Oregon Dept. of Agriculture Secure Fax: (503) 986-4746 635 Capitol St. NE Salem, OR 97301-2532</p>
---	--

Make checks payable to: Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$35 administrative fee per ORS 30.701

For Discover, Visa, MasterCard Charges, Complete the Following Information

Name of cardholder: _____ Phone: _____

Address of cardholder: _____ City/State: _____ Zip: _____

Email or Fax receipt available for credit card payments ONLY. Print Email address or Fax# _____

Signature _____ Date _____ Total charges: \$ _____

Card Number: _____ Expiration Date: _____

Location #3

Business name

Contact

Physical address

City State Zip

Phone number

Location #4

Business name

Contact

Physical address

City State Zip

Phone number

Location #5

Business name

Contact

Physical address

City State Zip

Phone number

Location #6

Business name

Contact

Physical address

City State Zip

Phone number

Location #7

Business name

Contact

Physical address

City State Zip

Phone number

Location #8

Business name

Contact

Physical address

City State Zip

Phone number

Reminders

All business locations that are in operation for more than 90 days during a calendar year need to be listed.

Changes in business locations (closures, new locations, etc.) must be reported to the Department within 30 days.

Questions?

Call (503) 986-4637 or visit <https://oda.direct/ReportsPublicationsForms>