

Fertilizers Manufacturer-Bulk Distributor (FMBD) Form



**OREGON
DEPARTMENT OF
AGRICULTURE**

**FORM FOR FERTILIZERS, AGRICULTURAL MINERALS,
AGRICULTURAL AMENDMENTS, AND LIME**

Fertilizer Program
503.986.4637

Company Name:			
Contact Name:			
Mailing Address:			
City, State, ZIP, Country:			
Phone:		Fax:	
Email:			

Registration # AG-R _____ FMBD

License for the year 20 _____

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			

Location 2			
Business name			
Contact			
Physical address			
City	State	ZIP	
Phone			

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:	
------------	--	-------	--

For checks or money orders, mail via U.S. Postal Service to:
Oregon Department of Agriculture
PO Box 4395 Unit 17
Portland, OR 97208-4395

For credit card charges, complete below and mail or fax to:
Oregon Dept. of Agriculture
635 Capitol St. NE
Salem, OR 97301-2532
Secure Fax: 1.503.986.4746
Visa, MasterCard, Discover, and American Express Accepted

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

Name of Cardholder		Phone	
Address of Cardholder			
City		ZIP Code	
Cardholder Signature			
Date (MM/DD/YYYY)		Total Charges	\$
Card Number		Expiration Date	

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

Location 3		
Business name		
Contact		
Physical address		
City	State	ZIP
Phone		

Location 4		
Business name		
Contact		
Physical address		
City	State	ZIP
Phone		

Location 5		
Business name		
Contact		
Physical address		
City	State	ZIP
Phone		

Location 6		
Business name		
Contact		
Physical address		
City	State	ZIP
Phone		

Location 7		
Business name		
Contact		
Physical address		
City	State	ZIP
Phone		

Location 8		
Business name		
Contact		
Physical address		
City	State	ZIP
Phone		

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>