

Oregon Department of Agriculture  
Commodity Inspection Division  
(503) 986-4620  
FAX: (503) 986-4737  
TDD: (503) 986-4762 (Hearing impaired)

License Number \_\_\_\_\_ License Type 73 \_\_\_\_\_ Mail Firm Number \_\_\_\_\_

PRINT OR TYPE \_\_\_\_\_ License Expires June 30, 20 \_\_\_\_\_  
Business Name \_\_\_\_\_

Applicants Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ Fax No. \_\_\_\_\_

City, State, Zip \_\_\_\_\_ E-mail \_\_\_\_\_

**BUSINESS LOCATION:** Firm Location # \_\_\_\_\_

Street Address \_\_\_\_\_ Location Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Location Fax # \_\_\_\_\_

Firm operates as:

- ( ) Corporation \*\* State of Incorporation \_\_\_\_\_  
( ) Sole Proprietorship ( ) Partnership  
( ) Limited Partnership ( ) Limited Liability Corporation  
( ) Government Subdivision ( ) Association ( ) Other

List of names and addresses of all partners and/or officers below:

Name	Title	Address (include City, State and Zip)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the applicant or any of its officers, agents, or partners been a party to violations of the Federal Seed Act, the Oregon Seed Law, or any state seed laws within 36 months prior to the date of this application, and has a penalty totaling \$10,000 or more, or a penalty involving probation, or suspension of a license been received by any officer of the company?  
( ) Yes ( ) No If yes, please list violations: \_\_\_\_\_

**WHOLESALE SEED DEALER LICENSE FEE:** \$400.00  
Late Penalty Fee If Applicable \$ \_\_\_\_\_  
Total Fees Submitted \$ \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Print Owner's Name \_\_\_\_\_ SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**License is personal to the applicant and cannot be transferred to another person or entity.  
Please return this application with your remittance payable to Oregon Department of Agriculture  
All dishonored checks or electronic payments will incur a \$25.00 administrative fee per ORS 30.701.**

**For Checks or Money Orders Mail to:**  
Oregon Department of Agriculture  
PO Box 4395, Unit 17  
Portland OR 97208-4395

**For Credit Card Charges Mail or Fax to:**  
Oregon Department of Agriculture  
Attn: Licensing  
635 Capitol Street NE  
Salem OR 97301-2532  
Fax (503) 986-4746  
\_\_\_\_ Visa \_\_\_\_\_ Mastercard Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Card Number \_\_\_\_\_ (16 digits)