



MARYLAND DEPARTMENT OF AGRICULTURE
 FOOD QUALITY ASSURANCE SECTION
Remit payment to:
 P.O. Box 17304
 Baltimore, Maryland 21297-1304
 Telephone (410) 841-5769 Fax (410) 841-2750
FEDERAL EXPRESS ADDRESS (Lockbox 17304)
 7175 Columbia Gateway Drive, Columbia, MD 21046

PCA #23203 AOBJ 5817
Date Recd: _____
Amount Received: _____
Check No.: _____
Reference No.: _____
Initials: _____
Date: _____

2021 DISTRIBUTOR APPLICATION FOR REGISTRATION UNDER MARYLAND EGG LAW

CB# 23203 5817 BANK USE ONLY: 12 02

Mailing Name and Address

Location Name and Address

TELEPHONE: _____	COUNTY: _____
EMAIL: _____	

IMPORTANT: IF ANY INFORMATION IS INCORRECT OR INCOMPLETE, PLEASE MAKE NECESSARY CHANGES ON THIS FORM.

1. Do you sell or deliver eggs to retailers, food service facilities and/or wholesalers in Maryland? Yes _____ No _____.
2. Do you issue invoices, delivery/inventory tickets, or receipts to Maryland retailers and/or food service facilities from this location? Yes _____ No _____
 If yes, check which address listed above is being used on your invoices:

Mailing _____ Location _____ Other (i.e. Lockbox or other company address) _____

If you checked Other, you are required to print the name and address being used on your invoices, delivery tickets, receipts in the space below:

3. If a corporation, indicate the date and state of incorporation: _____

4. Do you employ one or more persons in Maryland business locations? Yes _____ No _____. If yes, you must file with the Department a certificate of compliance with the State Workmen's Compensation Laws, or you may provide the Department, as evidence of insurance, a workmen's compensation policy number or binder number.

POLICY NUMBER/BINDER NUMBER, EXPIRATION DATE: _____

All persons selling or delivering shell eggs to retailers, food service facilities and/or wholesalers in Maryland are required to register annually with the Maryland Department of Agriculture. Separate applications must be filed for each business location.

A REGISTRATION FEE OF \$30.00 AND AN APPLICATION MUST BE SUBMITTED FOR EACH BUSINESS LOCATION BY DECEMBER 15TH ANNUALLY. NEW REGISTRANTS CAN APPLY AT ANY TIME. MAKE CHECKS PAYABLE TO THE MARYLAND DEPARTMENT OF AGRICULTURE. QUARTERLY ASSESSMENT REPORTS WILL BE MAILED SEPARATELY FROM YOUR REGISTRATION CERTIFICATE.

I acknowledge that the representations and statements of this application are true and correct. I will notify the Department within 15 days of any changes to the submitted information.

Signature _____ Title _____ Date _____ Email _____

PUBLIC INFORMATION NOTICE: The principal purpose for which the information on this application is used is to identify and register all persons required to register under Maryland Agriculture Code Annotated Sections 4-311.1 and 4-311.2. If you fail to provide the requested information, the agency may not register you. You have a right to inspect, amend, or correct personal information collected by the agency. Much of the personal information collected by the agency is available for public inspection.