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

MARYLAND DEPARTMENT OF AGRICULTURE
FOOD QUALITYASSURANCE 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

**2021** **PRODUCER/PACKER APPLICATION**
**Year**

**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.**

| PLEASE INDICATE YOUR TYPE OF BUSINESS | | AMOUNT DUE |
|---|---|---|
| 1) Producer/Packer with less than 3,000 chickens that only pack and sell eggs from their own flock. | | $.00 |
| 2) Packer. Includes producers/packers with more than 3,000 chickens and packers who originally grade and package eggs from any other source (e.g., nest run eggs). | | $30.00 |
| 3) Repacker. Person who places previously graded eggs in a case, carton or container that is identified with their registration number | | $30.00 |

1. Do you issue invoices, delivery tickets or receipts to Maryland retailers and/or food service facilities from this location Yes ____ No ____

2 If you identify eggs with a registration/plant number other than the MD number assigned to you, you must list & identify the issuing agency (The number must be currently assigned by an official source such as; USDA or a State Department of Agriculture)
(Ex. EPIA #, USDA PLANT # OR STATE #) _____

3 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:_____

4. If your premise is located in Maryland this registration should also serve as your Domestic Poultry registration, indicate your MD Poultry registration number and the numbers of each type of poultry on your premises. _____

Game Birds ____ Ratites ____ Turkeys ____ Waterfowl ____ Pigeons/Doves ____ Laying Chickens ____ Meat Type Chickens _____

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.

**Signature** **Title** **Date**

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.

**THIS APPLICATION MUST BE COMPLETED AND SUBMITTED ALONG WITH ANY FEES DUE MADE PAYABLE TO THE MARYLAND DEPT OF AGRICULTURE BY DECEMBER 15TH TO RENEW A REGISTRATION. NEW REGISTRANTS CAN APPLY AT ANY TIME. FEDEX ADDRESS IS: MD DEPT 0FAGRICULTURE, ATTN 17304, 1000 STEWART AVE, GLEN BURNIE MD 21061.**