MARYLAND DEPARTMENT OF AGRICULTURE
FOOD QUALITY ASSURANCE PROGRAM
Remit payment to:
P.O. Box 17304
Baltimore, Maryland 21297-1304
FEDEX ADDRESS: FIS Lockbox Services (17304)
Maryland Department of Agriculture
101 Woodcrest Road, Ste. 201, Cherry Hill, NJ 08003
Telephone (410) 841-5769 Fax (410) 841-2750

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

DISTRIBUTOR APPLICATION FOR REGISTRATION UNDER MARYLAND EGG LAW

CB# 23203 5817 BANK USE ONLY: 12 03

Mailing Name and Address	Location Name and Address
Telephone:	Telephone:

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 tickets and/or receipts for eggs 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,
   a) Mailing or b) Location
   If neither, please print the name & address being used on your invoices 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/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. MAKE CHECKS PAYABLE TO THE MARYLAND DEPARTMENT OF AGRICULTURE.*** *Your quarterly assessment reports will be sent under separate cover at a later date.*

I acknowledge that the representations and statements in this application are true and correct.

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.