

Oklahoma Department of Agriculture, Food & Forestry
 Animal Industry Services
 2800 North Lincoln Boulevard
 Oklahoma City, OK 73105-4298
 Questions Contact: Lynne Rogers 405-522-6128

APPLICATION FOR BIOLOGICAL PRODUCTS PERMIT RENEWAL

Renewal notices and permits will be sent to the email address noted in this block. Include information for the entity responsible for payment and submission of the application here:						
Business Name: _____						
Contact Name: _____						
Physical Address: _____						
Mailing Address:		Street (no PO Boxes)	City	State	Zip	County
		_____	_____	_____	_____	_____
		Street or PO Box	City	State	Zip	
		_____	_____	_____	_____	
Phone: _____		Email: _____				

Biological Product	Purpose or Use	USDA Code #	Fee
Be sure to include product fee from spreadsheet			Total

*** Additional products may be attached in a spreadsheet and stapled to this page.**

I hereby apply to renew Biological Products (including antigens) listed above so that I may manufacture, produce, transport, distribute, sell or offer for sale, or possess biological products to immunize, test, or treat livestock or any other species of animals within the State of Oklahoma. I further agree to comply with the provisions of Title 2, Oklahoma Statutes, Section 3-81 et. Seq. and the State Board of Agriculture Rules and Regulations, which include but are not necessarily limited to the following requirements:

- 1. Two Hundred Dollars (\$200.00) for each biological product. If paying by check, make it payable to ODAFF, 2800 N. Lincoln Blvd. Oklahoma City, OK 73105 Attn: Animal Industries.**
- 2. To be permitted, remit the appropriate fee for each product and product label in PDF format (electronically or on CD). For renewals, if the application is not received by April 30, an additional penalty of twice the renewal fee will be charged for renewal.**

Sign & Print Name

Date

Pay by Credit Card: No. _____ Amount: \$ _____
Type of Card: _____ Visa _____ Master Card Exp. Date _____/_____/_____
Name on Card: _____

Office Use Only
Receipt # _____
411 \$ _____
Issue Date _____
EXPIRATION DATE _____