

PI-17
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Oklahoma Department of Agriculture
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Oklahoma City OK 73152-8804
Fax # 405-522-5986
Mary @ 405-522-5953
maryr@oda.state.ok.us

<u>OFFICE USE ONLY</u>
Receipt # _____
418 \$ _____

NURSERY DEALER RENEWAL

This license applies only to the sales location address for which the license is issued.

PLEASE PROVIDE YOUR LICENSE NUMBER: NFD1 _____ NFD2 _____

PLEASE PRINT

Business Name _____ Phone # _____

Location Address _____ Fax # _____

City _____ Zip Code (9 Digit) _____

Mailing Address _____ County _____

City _____ Zip Code (9 Digit) _____

Nursery Dealer License Renewal Fee Per Location ----- **\$38.00**

I agree to comply with the Oklahoma Horticulture Law and Rules and Regulations. I agree that when any change in information on this form occurs I will notify the Department of Agriculture in writing.

Owner Date

Please Print Name Email Address

DEBIT / CREDIT CARD INFORMATION

Card # _____ Security Code # _____ Amount Charged \$ _____

Type of Card: VISA Mastercard Discover Expiration Date: _____
MM/YYYY

Authorized Signature: _____

Name On Card: _____
