



South Carolina
DEPARTMENT OF AGRICULTURE
CONSUMER PROTECTION DIVISION | FEED SAFETY DEPARTMENT
123 Ballard Court, West Columbia, SC 29172

Hugh E. Weathers, Commissioner

SOUTH CAROLINA FEED REGISTRATION APPLICATION

South Carolina Department of Agriculture is authorized to require the annual registration of animal food labels by manufacturers and to charge a fee of \$20.00 for such registrations under provision of South Carolina Law.

Feed registrations expire each year on December 31.

REGISTRANT / GUARANTOR INFORMATION

Name that Appears on the Label _____

Company Contact _____

Physical Address _____

Mailing Address _____

Phone _____ Email Address _____

Brief Description of the Company _____

MANUFACTURER / CO-PACKER INFORMATION

Name *If different from above* _____

Company Contact _____

Physical Address _____

Mailing Address _____

Phone _____ Email Address _____

Initial Distributor Company Name Appears on Label as Guarantor Manufactures Feed in South Carolina

FEED PRODUCTS

- List feed products submitted for registration below. Please use additional sheets as necessary.
- Use the complete brand name as shown on the tag or label of each feed for which registration is requested.
- Attach labels for each product in PDF format.
- A certificate of all products registered will be (e)mailed to you.

	COMPLETE BRAND NAME OF FEED	TYPE <small><i>Livestock Feed, Feed Additive, Pet Food, Pet Treat, Mineral Premix, Specialty Pet, etc.</i></small>	NADA NUMBER <small><i>Applicable to medicated feed products only</i></small>	NEW	RENEWAL
1				<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>
11				<input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>
13				<input type="checkbox"/>	<input type="checkbox"/>
14				<input type="checkbox"/>	<input type="checkbox"/>
15				<input type="checkbox"/>	<input type="checkbox"/>
16				<input type="checkbox"/>	<input type="checkbox"/>
17				<input type="checkbox"/>	<input type="checkbox"/>
18				<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>
21				<input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>
23				<input type="checkbox"/>	<input type="checkbox"/>
24				<input type="checkbox"/>	<input type="checkbox"/>
25				<input type="checkbox"/>	<input type="checkbox"/>
26				<input type="checkbox"/>	<input type="checkbox"/>
27				<input type="checkbox"/>	<input type="checkbox"/>
28				<input type="checkbox"/>	<input type="checkbox"/>
29				<input type="checkbox"/>	<input type="checkbox"/>
30				<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT

LATE FEE INFORMATION

Any applicant who fails to register a commercial feed within a fifteen working day notification of the requirement shall pay an additional \$10 late fee per product.

_____ Products x \$20 each _____

_____ Late Fee Products x \$10 each _____

Total Amount Enclosed _____

Make checks payable to South Carolina Department of Agriculture and mail to:
South Carolina Department of Agriculture
Attn: Feed Registration
123 Ballard Court
West Columbia, SC 29172

SIGNATURE

I hereby request registration of these feed products and I certify that the information furnished by me is true and correct. I understand that by signing my application and making remittance that I have read and understand the laws, rules, and regulations regarding feed products offered for sale in the State of South Carolina and agree to comply with the same.

Signature _____ Check if you're a third party registering on behalf of the registrant / manufacturer

Print Name _____ Third Party Phone _____

Date _____ Third Party Email _____

SUBMIT APPLICATION

Please return this completed form and payment to:
South Carolina Department of Agriculture
Attn: Feed Registration
123 Ballard Court
West Columbia, SC 29172

For more information, visit:
agriculture.sc.gov/feed-safety-compliance

For additional assistance, contact:
803-737-9713 or feedregistration@scda.sc.gov

FOR OFFICIAL USE ONLY

Check #	Check Amount	Fund #
_____	_____	_____