

**STATEMENT OF AGREEMENT – COMMERCIAL ANIMAL FEED**

*To Be Filed by February 1 of the year following the reporting period*

**\*\*FOR THE REPORTING PERIOD JANUARY 1, \_\_\_\_ – DECEMBER 31, \_\_\_\_\*\***

**SECTION A**

*The following information must be completed for the firm licensed with the Virginia Department of Agriculture and Consumer Services to distribute commercial animal feed in the Commonwealth of Virginia.*

Licensee Number \_\_\_\_\_

Licensee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City – State – Zip: \_\_\_\_\_

FIN/SSN: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**SECTION B**

*The following information must be completed for any firm or individual who has entered into a binding agreement with the licensed firm listed above for the completion and submission of all reports/forms and the payment of required inspection fees to the Treasurer of Virginia for the distribution of commercial animal feed in the Commonwealth of Virginia.*

Firm/Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

City – State – Zip: \_\_\_\_\_

FIN/SSN: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

***I hereby acknowledge that the information provided in this document is accurate and represents a binding agreement between the two parties listed.***

Authorized Representative: \_\_\_\_\_

Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date