

Arizona Department of Agriculture (ADA)

Licensing and Registration Section 1688 West Adams, Phoenix, Arizona 85007

Phone: (602) 542-3578 Fax: (602) 542-0466

For ADA/ESD Use Only
License #
Check #
Check Date —
Check Amount ————
Line#

For the year ending June 30,	ARS 3-235; AAC R3-4-40 Fee amount - \$100.00
Company Name	
Federal Tax ID#*	Email
Owner	
Social Security #	
	Fax
Contact person	
Do you have a Seed Dealer License? Yes No If yes, See	ed Dealer License #
*Application will not be processed without an Federal tax ID r	number
Mailing Address Address	Label Address (address printed on label) Address
City	_ City
State Zip	
Incomplete applicat	tions will be returned.
apply for a new license, please return this application form along e information contained in this application is true and accurate to	
ch license issued shall be valid for a period of one year, or portion apply for a new license, please return this application form along the information contained in this application is true and accurate to formation is a felony in Arizona.	g with your payment no later than June 30 of this year o the best of my knowledge. I understand that providing false
apply for a new license, please return this application form along the information contained in this application is true and accurate to formation is a felony in Arizona.	g with your payment no later than June 30 of this year o the best of my knowledge. I understand that providing false