Office of Indiana State Chemist

175 S. University Street, West Lafayette, IN 47907-2063 Telephone: 765-494-1551 / Fax: 765-494-4331

E-mail: feedlicense@groups.purdue.edu | OISC Website: https://www.oisc.purdue.edu

Pet and/or Specialty Pet Food Products List - For Packages of 10 lbs. or Less

*IC 15-19-7-18: "Specialty pet" means a domesticated animal normally maintained in a cage or tank, including a gerbil, hamster, bird, fish, snake, and turtle.

NOTE: Horses and wild birds are not considered pets and/or specialty pets.

NEW PRODUCT LISTINGS ONLY - DO NOT USE THIS FORM FOR ANNUAL PRODUCT RENEWAL

If you need a renewal form, please contact our office - or visit our forms page: https://www.oisc.purdue.edu/feed/forms.html

City, State, Zip Code:

Company/Labeler-Current Indiana Feed License # (if applicable):

Company/Labeler Name (Guarantor on Label):

Mailing Address:

	Contact Name: E-mail:									
			is being submitt	ed by another company on behalf of the Company/Labeler, complete the section below:						
	Submitting Compan	y Name:		Current Submitter License # (if applicable):						
_	Mailing Address:			City, State, Zip Code:						
_	Contact Name:			Telephone:	Fax:	E-mail:				
	Completed by (prin	t name):		Signature:			Date:			
	Copies of labels MUST	be attached o	ssing and may prevent	ent product distribution in our state.						
	Are labels attached to form?YesNo Were labels e-mailed?YesNo									
	* Indicate product form: dry, canned, treat, pouch, raw, frozen, freeze-dried, liquid, capsules, tablets, etc.									
\ [Intended	Product	ct form: ary, cann	pea, treat, poucn, raw, frozen, free. Product Name	ze-ariea, iiquia, capsuie.	s, tabiets, etc.	UPC Code			
	Species	Form*	(To list more	e than five products, use the Addit	ional Products Sheet)	Brand Nam				
_ [1									
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L		<u> </u>					<u> </u>			
		Calculate Fees Below:								
/ F	Fee Description:				<i>t</i>	4>	Totals:			
				od Packages - 10 lbs. or less	(Total Prod					
				t Food Packages - 10 lbs. or les	s (Total Prod	uctsx \$10)				
F	(Applicable if products are already in distribution prior to listing.) Total Inspection Fee Due (Make check payable to Indiana State Chemist:									
L										
	•			ds to be submitted with an INI			PLICATION (Form F-1). It wil			
n	ot be processed unle	ss all papers	work is submit	ted. One check may be submi	tted covering all for	ms.				
N	lail completed form	and check (n	nade payable t	o Indiana State Chemist) to th	e above address.					
	The section	below to be	e completed by	y the Office of Indiana State Chemist:		OISC RECEIVED STAMP:				
	LIC YEAR:			Fee Calculations:						
				SP @ \$50 =						
	FD LIC #:			SPLF @ \$10 =						
				Totale						
				Total:						
	Reviewed by:	Date:		Credit/Refund:						

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Additional Pet and/or Specialty Pet Food Products List - For Packages of 10 lbs. or Less

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Company/Labeler-Current Indiana Feed License # (if applicable):			
Company/Labeler Name (Guarantor on Label):			
Mailing Address:	City, State, Zip Code:		
Contact Name:	E-mail:		
Submitting Company Name:	Current Submitter License # (if applicable):		

	* Indicate product form: dry, canned, treat, pouch, raw, frozen, freeze-dried, liquid, capsules, tablets, etc. Product Form* Product Name Brand Name Product Nam						
	Intended Species	Form*	Product Name	Brand Name	UPC Code (if available)		
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