

**Oklahoma Department of Agriculture, Food & Forestry**  
**Animal Industry Services**  
**2800 North Lincoln Boulevard**  
**Oklahoma City, OK 73105-4298**  
**Questions Contact: Janice Montgomery 405-522-6128 or janice.montgomery@ag.ok.gov**

**APPLICATION FOR BIOLOGICAL PRODUCTS PERMIT**

<b>Renewal notices and permits will be sent to the email address noted in this block. Include information for the entity responsible for payment and submission of the application here:</b>						
<b>Business Name:</b> _____						
<b>Contact Name:</b> _____						
<b>Physical Address:</b> _____						
		<b>Street (no PO Boxes)</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>
<b>Mailing Address:</b> _____						
		<b>Street or PO Box</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Phone:</b> _____			<b>Email:</b> _____			

Biological Product	Purpose or Use	USDA Code #	Fee
<b>Be sure to include product fee from spreadsheet</b>			<b>Total</b>

**\* Additional products may be attached in a spreadsheet.**

I hereby apply for a Biological Products Permit (including antigens) for the product(s) listed above so that I may manufacture, produce, transport, distribute, sell or offer for sale, or possess biological products to immunize, test, or treat livestock or any other species of animals within the State of Oklahoma. I further agree to comply with the provisions of Title 2, Oklahoma Statutes, Section 3-81 et. Seq. and the State Board of Agriculture Rules and Regulations, which include but are not necessarily limited to the following requirements:

- 1. Two Hundred Dollars (\$200.00) for each biological product. If paying by check, make it payable to ODAFF, 2800 N. Lincoln Blvd. Oklahoma City, OK 73105 Attn: Animal Industries.**
- 2. To be permitted, remit the appropriate fee for each product and product label in PDF format (electronically). For renewals, if the application is not received by April 30, an additional penalty of twice the renewal fee will be charged for renewal.**

\_\_\_\_\_  
**Sign & Print Name**

\_\_\_\_\_  
**Date**

Pay by Credit Card: No. _____ Amount: \$ _____
Type of Card: _____ Visa _____ Master Card Exp. Date _____/_____
Name on Card: _____

<b>Office Use Only</b>
<b>Receipt #</b>
411 \$
<b>Issue Date</b>
<b>EXPIRATION DATE</b>