# APPLICATION FOR BUSINESS TO SELL VIRULENT PRODUCTS

NORTH DAKOTA DEPARTMENT OF AGRICULTURE
STATE BOARD OF ANIMAL HEALTH
SFN 7565 (10-2010)

| | | | |
|---|---|---|---|
| | | Date | |
| Name of Company (Applicant) | | Telephone Number | |
| Address | City | State | Zip Code |
| Location of Business Outlet | | | |

## PRINCIPAL BIOLOGICAL SUPPLIERS

| NAME | ADDRESS |
|---|---|
| 1. | |
| 2. | |
| 3. | |

| | |
|---|---|
| Liability Insurance Company | |
| Agent | |
| Policy Number | North Dakota Retail Sales Tax Permit Number |

In making application for permit for sales of virulent products, I certify that I have received the required training in the use of virulent biologicals from principal supplier. I further certify that I have personally instructed my employees in the proper handling of these biologicals. I have read and understand Board of Animal Health Rule 48-04-01-13 pursuant to this permit application.

The permit shall be prominently displayed in the retail area of the establishment.

| | |
|---|---|
| Print Name | |
| Signature | Date |

| |
|---|
| Company Name |
| Notary Public |

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