# 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 us.**

**1**

| | | | |
|---|---|---|---|
| **Company/Labeler-Current Indiana Feed License # (if applicable):** | | | |
| Company/Labeler Name (**Guarantor on Label**): | | | |
| Mailing Address: | | City, State, Zip Code: | |
| Contact Name: | | E-mail: | |
| **If product listing is being submitted by another company on behalf of the Company/Labeler, complete the section below:** | | | |
| Submitting Company Name: | | **Current Submitter License # (if applicable):** | |
| Mailing Address: | | City, State, Zip Code: | |
| Contact Name: | Telephone: | Fax: | E-mail: |
| **Completed by (print name):** | | Signature: | Date: |
| **Copies of labels MUST be attached or e-mailed. Failure to send labels may delay processing and may prevent product distribution in our state.** | | | |
| **Are labels attached to form?** ☐ **Yes** ☐ **No** | | **Were labels e-mailed?** ☐ **Yes** ☐ **No** | |

**2**

** Indicate product form: dry, canned, treat, pouch, raw, frozen, freeze-dried, liquid, capsules, tablets, etc.*

| | Intended Species | Product Form* | Product Name *(To list more than five products, use the Additional Products Sheet)* | Brand Name | UPC Code (if available) |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

**3**

| **Calculate Fees Below:** | | |
|---|---|---|
| **Fee Description:** | | **Totals:** |
| Inspection Fees for Pet and/or Specialty Pet Food Packages - 10 lbs. or less | **(Total Products _____x $50)** | |
| Late Inspection Fees for Pet and/or Specialty Pet Food Packages - 10 lbs. or less (***Applicable if products are already in distribution prior to listing***.) | **(Total Products _____x $10)** | |
| | **Total Inspection Fee Due (Make check payable to Indiana State Chemist:** | |

**NOTE: NEW Companies/Labeler: This form needs to be submitted with an INDIANA COMMERCIAL FEED LICENSE APPLICATION (Form F-1). It will not be processed unless all paperwork is submitted. One check may be submitted covering all forms.**

**Mail completed form and check (made payable to Indiana State Chemist) to the above address.**

| **The section below to be completed by the Office of Indiana State Chemist:** | | **OISC RECEIVED STAMP:** |
|---|---|---|
| LIC YEAR: _____ | Fee Calculations: | |
| | _____ SP @ $50 = _____ | |
| FD LIC #: _____ | _____ SPLF @ $10 = _____ | |
| | 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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*NOTE: Horses and wild birds are not considered pets and/or specialty pets.*

**1**

| | |
|---|---|
| **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.*

**2**

| | Intended Species | Product Form* | Product Name | Brand Name | UPC Code (if available) |
|---|---|---|---|---|---|
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
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