

REQUEST FOR REPLACEMENT LICENSE / CERTIFICATE / REGISTRATION

(In accordance with Act 380, P.A. 1965 as amended.)

COMPLETE BY MDARD

ISSUING DIVISION

<input type="checkbox"/> Food and Dairy Division - Food Section Fee: \$15.00	<input type="checkbox"/> Food and Dairy Division -Dairy Section Fee: \$10.00
<input type="checkbox"/> Pesticide & Plant Pest Management Division Fee: \$10.00	<input type="checkbox"/> Animal Industry Division Fee: \$10.00
<input type="checkbox"/> Laboratory Division - Motor Fuels Quality Fee: \$10.00	

TYPE OF LICENSE

ESTABLISHMENT OR IDENTIFICATION NUMBER

COMPLETE BY REQUESTER

REASON FOR REQUEST		
<input type="checkbox"/> Lost	<input type="checkbox"/> Destroyed	<input type="checkbox"/> Stolen

Name

Address

City	State	Zip Code
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Phone
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I CERTIFY THE ABOVE INFORMATION IS CORRECT

SIGNATURE	DATE
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Your check or money order must accompany this request. Make it payable, in U.S. currency, to the STATE OF MICHIGAN. DO NOT SEND CASH.

Mail this document and fee to: MICHIGAN DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT
PO BOX 30776
LANSING MI 48909