

OKLAHOMA DEPARTMENT OF AGRICULTURE FOOD AND FORESTRY  
CONSUMER PROTECTION SERVICES DIVISION  
2800 N LINCOLN BLVD  
OKLAHOMA CITY OK 73105  
PH: (405) 522-5452  
FAX: (405) 522-4584

<b>OFFICE USE ONLY</b> DATE: _____ RECEIPT: _____ 413 RETAIL _____ 416 WHOLESALE: _____
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**APPLICATION FOR OKLAHOMA SEED DEALERS LICENSE**

\_\_\_\_\_  
Name of Firm or Individual (Please Type or Print)

\_\_\_\_\_  
Complete Location Address Street City State/Zip Code

\_\_\_\_\_  
Complete Mailing Address Street City State/Zip Code

\_\_\_\_\_  
Contact Person Phone/Area Code/Number

I hereby apply for the following Type of Oklahoma Seed License: New \_\_\_\_\_ Renewal \_\_\_\_\_

Retail: \_\_\_\_\_ Required by firms or individuals who sell seed to retail purchasers. Cost is \$25.00 and expires 30<sup>th</sup> day of June, each year.

Wholesale/Retail: \_\_\_\_\_ Required by firms or individuals who sell to licensed retail seed dealers and directly to seed purchasers. Cost is \$100.00 and expires the 30<sup>th</sup> day of June each year.

**LICENSE INFORMATION:**

Each location is required to have a separate license.

Out-of-state firms or individuals are required to obtain a license.

Farmers or growers who sell seed are required to have a license.

**SEED INSPECTION FEE INFORMATION;**

Firms or individuals that label and distribute seed are required to pay an inspection fee of eight cents (\$0.08) per Hundred-pound weight. This requirement is for both instate and out of state firms and shall be reported on semi annual reporting form not later than the last day of January or July for the preceding six (6) month period.

Firms or individuals who do not label seed must have an affidavit on file with the department stating that they sell only seed which has been labeled by another firm or individual who has paid the inspections fees.

Applicant agrees to comply with the Oklahoma Seed Law and the Regulations thereto and understands that this license may be canceled at any time for failure to do so.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Card No _____	Amount Paid _____
Type of Card _____ Visa _____ Mastercard _____ Discover _____	Exp. Date (MM/YY) _____
Name on Card _____	