

North Carolina Food & Drug Protection Division Animal Feed Program

NEW AGENT RELATIONSHIP ACCOUNT INFORMATION FORM

Please provide contact information in order to keep our records current. This form is for **AGENT** information only, meaning if product registration is managed or submitted by a 3rd party agent, registrant, etc. Contact information for the **AGENT** must be provided to include Primary Contact name, phone number, and email address in order to complete the registration process.

Please provide **AGENT** information.

Agent Firm Name*			
Agent Mailing Address*			
City	State	Postal Code	Country
Agent Primary Contact Name*		Agent Primary Phone Number & Extension*	
Agent Primary Email Address*			

**required field*