



Washington State Department of Agriculture  
 Pesticide Management Division  
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FOR CASHIER USE ONLY

**FORM 4309**

**SEMI-ANNUAL COMMERCIAL FEED TONNAGE REPORT**

(Please see instruction sheet for completing form)

**A** REPORTING PERIOD

Check the applicable box and enter year:  January 1-June 30, 200\_\_  July 1-December 31, 200\_\_

<b>B</b> <u>COMPANY NAME / LOCATION</u>	<b>C</b> <input type="checkbox"/> CHECK HERE IF THIS IS THE FIRST TIME REPORTING
	<b>D</b> REPORTED BY (NAME AND TITLE)
	<b>E</b> TELEPHONE NUMBER (INCLUDE AREA CODE)
	<b>F</b> SIGNATURE (REQUIRED)

**G** DESIGNATION OF TONS DISTRIBUTED IN WASHINGTON STATE

1. **Total Tons of Commercial Feed You Distributed in Washington State** ..... = \_\_\_\_\_

1a. Tons of Pet Food and/or Specialty Pet Food you distributed in packages of less than 10 lbs. each ..... = \_\_\_\_\_

1b. Tons of Commercial Feed you distributed for which someone else has paid the inspection fee (if you enter tonnage on this line, you must complete form 4309A) ..... = \_\_\_\_\_

1c. Tons of Commercial Feed you distributed to a Responsible Buyer (if you enter tonnage on this line, you must complete form 4309B. To determine if you distributed to a Responsible Buyer, see the definition on page 1 of the instruction sheet)..... = \_\_\_\_\_

2. Add lines 1a, 1b, and 1c and enter on line 2 ..... = \_\_\_\_\_

3. **Total Tons You Are Paying For** (subtract line 2 from line 1 and enter on line 3. If the amount on line 3 is greater than zero, please refer to form 4309C)..... = \_\_\_\_\_

4. Inspection Fee: Multiply line 3 by \$0.12 ..... = \$ \_\_\_\_\_

5. Inspection Fee Owed: Enter the amount from line 4 or \$12.50, whichever is greater (If line 4 is zero, enter zero on line 5.) ..... = \$ \_\_\_\_\_

6. If a complete report and appropriate fee(s) is not received by the due date, you must pay a Late Fee. Enter 15% of line 5 or \$50.00, whichever is greater ..... = \$ \_\_\_\_\_

7. **Total Inspection Fees Due** (add lines 5 and 6) ..... = \$ \_\_\_\_\_