



Washington State Department of Agriculture
 Office of Compliance & Outreach
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FOR CASHIER USE ONLY

FORM 4309

SEMI-ANNUAL COMMERCIAL FEED INSPECTION FEE REPORT

(Please refer to the instructions for completing forms)

A. REPORTING PERIOD	
Check the applicable box and enter year: <input type="checkbox"/> January 1st – June 30th <input type="checkbox"/> July 1st – December 31st	
Report and fees due in the office by: (July 31 st of the same year) (January 31 st , the following year)	
B. COMPANY NAME INFORMATION	D. REPORTED BY (NAME AND TITLE) E. TELEPHONE NUMBER (INCLUDE AREA CODE) F. CONTACT E-MAIL ADDRESS
<input type="checkbox"/> C. CHECK HERE IF THIS IS THE FIRST TIME REPORTING	

G. AMOUNT OF COMMERCIAL FEED DISTRIBUTED IN/INTO WASHINGTON STATE	
Commercial Feed means all materials or combinations of materials that are intended for distribution as feed or mixing in feed. (This includes pet/specialty food, treats, supplements, minerals etc.)	
	Tons
1. Total Amount of Commercial Feed You Distributed In/Into Washington State You are required to report regardless of the amount distributed..... = 	=
Line 1 cannot be blank; do not report using the less than (<) sign.....	
1a. Amount of Pet Food and/or Specialty Pet Food you distributed in packages of less than 10 lbs. each.....	=
1b. Amount of Commercial Feed you distributed for which someone else has paid the inspection fee (if you enter an amount on this line, you must complete form 4309A).....	=
1c. Amount of Commercial Feed you distributed to a Responsible Buyer (if you enter an amount 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).....	=
Fees	
4. Inspection Fee: Multiply line 3 by \$0.12, if zero no fees are due (unless late see line 6).....	= \$
5. Inspection Fee Owed: Enter the amount from line 4 or \$12.50 (if line 4 is zero enter zero).....	= \$
<u>7107</u>	
6. Late Fee: If a <u>complete report and appropriate fee(s)</u> is not received in our office by the due date, you must pay a Late Fee. Enter 15% of line 5 or \$50.00, whichever is greater.....	= \$
<u>7108</u>	
7. Total Inspection Fees Due (add lines 5 and 6).....	= \$
H. SIGNATURE (REQUIRED)	