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

FORM 4331

RESPONSIBLE BUYER SEMI-ANNUAL COMMERCIAL FEED INSPECTION FEE REPORT

(Please refer to instruction sheet for completing forms)

This Form is to be Completed by Responsible Buyers Only

A **REPORTING PERIOD**

Check the applicable box and enter year: ☐ **January 1st - June 30th, 20___** ☐ **July 1 – December 31, 20___**

B **COMPANY NAME / LOCATION**	**D** REPORTED BY (NAME AND TITLE)
	E TELEPHONE NUMBER (INCLUDE AREA CODE)
	F CONTACT E-MAIL ADDRESS

C ☐ **CHECK HERE IF THIS IS THE FIRST TIME REPORTING**

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

(A report must be filed regardless of the amount distributed.)

1. Total Tons of Commercial Feed You Distributed In Washington State……..... **(This line cannot be blank)**	=	
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 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, and 1b, 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, if zero no fees are due (unless late)……..	=	
5. **Inspection Fee Owed:** Enter the amount from line 4 or $12.50 (if line 4 is zero enter zero)..……	=	
6. **Late Fee:** If a complete report and appropriate fee(s) 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……..	=	7107
7. **Total Inspection Fees Due** (add lines 5 and 6)…….……..	=	7108

H **Note:** As a Responsible Buyer, the department requests you complete and attach form 4331A.

Enter the total tons from form 4331A, box D…… =

I **SIGNATURE (REQUIRED)**