

Code:

Customer #:

UTAH DEPARTMENT OF AGRICULTURE AND FOOD

Apply and pay online at https://udafdms.utah.gov/

Mailing Address 4315 South 2700 West TSOB South Bldg, Floor 2 Taylorsville, UT 84129-2128 Contact us

Email: udaf-bedding@utah.gov Phone: (801)982-2264

APPLICATION FOR BEDDING AND UPHOLSTERED FURNITURE PERMIT

(Section 1 is for Manufacturer information ONLY)		(1101) (Do not use this form for a renewal)	
Phone Number		E-mail	
Uniform Registry Number (URN)			
If you have not yet been assigned a un	iform registry number,	, would you like Utah to issue one to you? Yes No	
2) Is this a joint* application? Yes	No C		
Name of Wholesale Dealer, Importer -	Exporter or Distribut	or	
Phone Number		E-mail	
Phone Number		E-mail	
MANUFACTURER (check all that a	pply) (1101)	\$1	105.00
A. Furniture (all types)		E. Comforters, Quilts, etc.	
B. Sleeping Bags (cuddle bags, et	c.)	F. Exercise Equipment (pads, mats, benches, seats, etc.)	
C. Pillows (decor, bolsters, etc.)		G. Baby Furniture (strollers, car seats, carriers, baths, etc.)	
D. Mattresses (pads, mats, cushio	ns, etc.)	H. Other (bulk materials, bales, slabs, etc.)	
		ntly permitted as a manufacturer <u>and</u> as a wholesale dealer/importer, the payment of an additional permit fee.	
If you have been previously licensed	I for this registry numb	per in the State of Utah, please list: Year	
Please enclose a completed Law Label wo	orksheet if you are using a Un	niform Registry Number from another state and a copy of the current license from that sta	ite.
Signature		Date	
Print Name of Contact Person			
The acceptance of your assigned numb approval of individual process, procedu	_	and identification purposes only. The issuance of the permit does not transferrable).	imply
	H DEPARTMENT OF A	RE CHECKS PAYABLE TO: AGRICULTURE AND FOOD (Do not send cash) have U.S. bank encoding numbers along bottom of check.	t Form
		FOR OFFICE USE ONLY	

URN #:

Year:

License:

Date:

Law Label Worksheet

Date:

	aw Label Worksheet	Date:		
CURRENT LICENSE			YES	NO
		Length minimum 3"		
URN/PER NUMBER		Width minimum 2"		
NAME OF		(The width starts at the beginning of the ho		ends at the end of
NAME OF MANUFACTURER		horizontal li	ne)	1
WANOFACTORER		Color of label is white		
ATTACH LAW LABEL HERE		Black ink		
		Is the FONT a minimur	n 1/8" text	size?
		UNDER PENALTY		
	*	ALL NEW MATERIAL		
		TERMINOLOGY		
		CONTENTS STERILIZED		
		REG. NO.		
		PER. NO.		
		MADE BY/FOR		
		NAME OF COMPANY		
		ADDRESS		
		COUNTRY OF ORIGIN		
		Is the Font	Bold?	1
		UNDER PENALTY		
		ALL NEW MATERIAL		
		TERMINOLOGY		
		CONTENTS STERILIZED		
		REG. NO.		
		PER. NO.		
		MADE BY/FOR		
		COUNTRY OF ORIGIN	All CADCO	
		Is the lettering in	All CAPS?	1
		UNDER PENALTY		
		ALL NEW MATERIAL		
		TERMINOLOGY CONTENTS STERILIZED		
		REG. NO.		
		PER. NO.		
		MADE BY/FOR		
		COUNTRY OF ORIGIN		
		Is the label made of material that is		
		not easily torn?		
		Horizontal line format?		
		(not block style)		
		Is format order correct?		
		Is the label printed only on one		
		side? Is the wording on the	lahel corre	oct?
		UNDER PENALTY	1450100110	
Facilitator Name:		ALL NEW MATERIAL		
		TERMINOLOGY		
Signature:		CONTENTS STERILIZED		
		REG. NO.		
Print Name:		PER. NO.		
		CERTIFICATION STATEMENT		
EMAIL:		MADE BY/FOR		
		NAME OF COMPANY		
By signing here	you are stating that all information is	COMPLETE ADDRESS		
true and accur	ate to the best of your knowledge.	Other info		
	are to the west of your knownedger	COUNTRY OF ORIGIN		1