



STATE OF MISSISSIPPI
DEPARTMENT OF AGRICULTURE AND COMMERCE
CINDY HYDE-SMITH
COMMISSIONER

**APPLICATION FOR
PULPWOOD RECEIVING FACILITY LICENSE**

A permit to operate a Pulpwood Receiving Facility is required under terms of the Uniform Pulpwood Scaling and Practices Act, such license being required by Section 75-79-9 of the Mississippi Code of 1972.

All Pulpwood Receiving Facility License will expire on December 31st of each year. The license fee for each calendar year or part thereof shall be thirty dollars (\$30.00) for each pulpwood receiving facility operated within the state.

Please complete the application and return it along with the required \$30.00 fee made payable to the Mississippi Department of Agriculture and Commerce/Weights and Measures Division, P. O. Box 1609, Jackson, MS 39215-1609.

Upon receipt of your completed application, your license will be processed and mailed. Each license shall be conspicuously displayed at the physical location. Please note that if your application is not completed properly it will delay receipt of your license. Also note that you cannot operate your facility without a license.

If you have any questions, please contact our office at 601-359-1149 or email wm@mdac.ms.gov



**MISSISSIPPI DEPARTMENT OF AGRICULTURE AND COMMERCE
CINDY HYDE-SMITH, COMMISSIONER**

Weights and Measures Division

P. O. Box 1609

Jackson, MS 39215-1609

Phone: 601-359-1149 Fax: 601-359-1175 Email: wm@mdac.ms.gov

License No. _____

PULPWOOD RECEIVING FACILITY LICENSE APPLICATION

The undersigned hereby applies for a license to operate a pulpwood receiving facility as defined in section 75-79-5(e) of the Uniform Pulpwood Scaling and Practices Act, such license being required by Section 75-79-13 of said act.

Name of Pulpwood Yard (<i>PLEASE PRINT</i>)				
Physical Address of Pulpwood Yard (<i>No P. O. Box</i>)				
City	State	Zip Code	Pulpwood Yard Telephone No.	County
Mailing Address			Email Address	
City	State	Zip Code	Office Telephone Number	Fax Number

The undersigned applicant hereby certifies that he will be, on the effective date of the Uniform Pulpwood Scaling and Practices Act or on the date on this initial application if such initial application is after the effective date of said act, in compliance and will continue in compliance with the provisions of said act, and further, that all statements and information contained herein or which may be made a part hereto are true and correct.

Authorized Signature

Date

NOTE: Please fill out the entire application and have it notarized and return to this office along with the license fee of \$30.00 payable to the MDAC/Weights and Measures Division.

State of _____:

County of _____

This day personally came and appeared before me, undersigned authority in and for the jurisdiction aforesaid, _____, who being, by me first duty sworn, states on oath that the matters and things set forth in the foregoing instrument are true and correct as therein stated.

Affiant

Sworn to and subscribed before me, on this the _____ day of _____, 20 _____.

Notary Public

My commission expires: _____.