## **Acknowledgement of Distribution Limitations for VFD Feeds**

I/We I	hereby acknowledge that, a	as required by federal law, I/we shall distribute VFD
Feeds received by me/us from:		(name and address of feed supplier)
		Name of Firm:
		Business Address :
		City/State/Zip:
only a	as follows:	
1.	That the distributor will no that does not have a VFD	t ship such VFD feed to an animal production facility .
2.	That the distributor will no receiving a similar written	t ship such VFD feed to another distributor without acknowledgment letter.
3.	That the distributor has complied with the distributor notification requirements in 21 CFR 558.6(c)(5). (21 CFR 558.3(b)(11)).	
		Signature
		Name of Firm or Individual
		Business Address
		City/State/7in
		City/State/Zip
		 Date

Send this form to each of your firm's suppliers of VFD products.