

**Ohio Department of Agriculture**  
**High Volume Breeder and Retailer Background Check Reimbursement Form**

Date: \_\_\_\_\_

Name 1: \_\_\_\_\_

Name 2: \_\_\_\_\_

Address 1: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

This form **MUST** be submitted with your application for becoming a registered High Volume Breeder or Retailer. An original receipt or copy of an original receipt must be attached to receive reimbursement of the fee.

Do not write below this line for office use only

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Date of transaction: \_\_\_\_\_

Amount: \_\_\_\_\_

Transaction Description: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Speed Chart \_\_\_\_\_

Invoice # \_\_\_\_\_