

20 Application for Specialty Fertilizer Product Registration

License Period of January 1 to December 31

Do you have a Special Fertilizer Registration license in Minnesota: YES NO If yes, License No:

GUARANTOR (name/address on label, firm guaranteeing products(s))			REGISTRANT (complete if different from Guarantor)		
Company Legal Name:			Legal Name:		
DBA (if different):			DBA (if different):		
Address (address on label):			Mailing Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Company Telephone:			Company Telephone:		

Item #	Guaranteed Analysis			Complete Brand Name of Fertilizer	Contains Micro Nutrients	
	Total Nitrogen (N)	Available Phosphate (P205)	Soluble Potash (K2O)	Product registration WILL NOT be granted until product label/label facsimile and material used in promoting the sale of each product is submitted with application.	This column must be completed or application will not be processed	
1					YES	NO
2					YES	NO
3					YES	NO
4					YES	NO
5					YES	NO
6					YES	NO
7					YES	NO
8					YES	NO
9					YES	NO
10					YES	NO
11					YES	NO
12					YES	NO

APPLICATION FEES

Number of New Products _____ X \$100.00 each = **Total Amount Due \$** _____
600295(3100)

RETURN THIS FORM WITH YOUR CHECK MADE PAYABLE TO	FOR OFFICE USE ONLY
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Minnesota Department of Agriculture Attn: Cashier 625 Robert Street North Saint Paul, MN 55155-2538 Registrations are not transferable and fees are not refundable.	
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I hereby certify that the information contained in and submitted with this form is true and correct. I also certify that fertilizer products distributed in Minnesota by my company comply with Minnesota Statute 18C, and do not contain more than 500 parts per million by weight of arsenic.

Signature:		Name (Please Print):	
Date:	Title:	Phone:	
Email:		Fax:	