



Pesticide & Fertilizer Management Division, Ph. 651-201-6379 Fax 651-201-6112

Minn. Stat. Sec. 18C.411

20 APPLICATION FOR SOIL/PLANT AMENDMENT PRODUCT REGISTRATION

License Period of January 1 to December 31

Do you currently hold a Minnesota Soil/Plant Amendment Product Registration Number: No Yes If yes, MN Lic. No: _____

GUARANTOR AS LABELED IN MINNESOTA (Complete below)			REGISTRANT (Complete if different from Guarantor)		
Legal Name:			Legal Name:		
DBA (if different):			DBA (if different):		
Street Address:			Mailing Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Company Telephone:			Company Telephone:		

ITEM NO.	COMPLETE BRAND NAME OF SOIL AND PLANT AMENDMENT
	Product registration WILL NOT be granted until product label/label fascimile and material used in promoting the sale of each product is submitted with application.
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Application Fees:

Number of New Products _____ X \$200.00 each

Total Amount Due \$ _____
600296(3100)

Return this form with your check made payable to:

MINNESOTA DEPARTMENT OF AGRICULTURE
Attn: Cashier
625 Robert Street North
Saint Paul, MN 55155-2538

Registrations are not transferable and fees are not refundable.

I hereby certify that the information contained in and submitted with this form is true and correct.

For Office Use Only

Signature: _____ Date: _____

Name (Please print): _____ Title: _____

Contact Telephone: _____ Fax Number: _____

E-mail Address: _____