

20 Application for Soil/Plant Amendment Product Registration

License Period of January 1 to December 31

Do you have a Soil/Plant Amendment 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 #	Complete Brand Name of Soil and Plant Amendment				
	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.				
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
APPLICATION FEES					
Number of New Products _____ X \$200.00 each = Total Amount Due \$ _____ 600296(3100)					
RETURN THIS FORM WITH YOUR CHECK MADE PAYABLE TO			FOR OFFICE USE ONLY		
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.					
Signature:			Name (Please Print):		
Date:	Title:		Phone:		
Email:				Fax:	