



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

Minn. Stat. Sec. 18C.411

20 _____ APPLICATION FOR SPECIALTY FERTILIZER PRODUCT REGISTRATION

License Period of January 1 to December 31

Do you currently hold a Minnesota Specialty Fertilizer 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.	GUARANTEED ANALYSIS			COMPLETE BRAND NAME OF FERTILIZER 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.	This column must be completed or application will not be processed. CONTAINS MICRO-NUTRIENTS? YES/NO
	TOTAL NITROGEN (N)	AVAILABLE PHOSPHATE (P2O5)	SOLUBLE POTASH (K2O)		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Application Fees:

Number of New Products _____ X \$100.00 each

Total Amount Due \$ _____

600295(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. 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.

For Office Use Only

Signature: _____ Date: _____

Name (Please print): _____ Title: _____

Contact Telephone: _____ Fax Number: _____

E-mail Address: _____