

# 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:					
<b>GUARANTOR</b> (name/address on label, firm guaranteeing Products(s))			<b>REGISTRANT</b> (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:		
	<b>Complete Brand Name of Soil and Plant Amendment</b>				
<b>Item #</b>	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					
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8					
9					
10					
11					
12					
<b>APPLICATION FEES</b>					
Number of New Products _____ X \$200.00 each = <b>Total Amount Due \$</b> _____ <span style="float: right;">600296(3100)</span>					
<b>RETURN THIS FORM WITH YOUR CHECK MADE PAYABLE TO</b>			<b>FOR OFFICE USE ONLY</b>		
Minnesota Department of Agriculture Attn: Cashier 625 Robert Street North Saint Paul, MN 55155-2538  <b>Registrations are not transferable and fees are not refundable.</b>					
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:	