



**Kansas Department of Agriculture**  
 Pesticide and Fertilizer Program  
 1320 Research Park Drive, Manhattan, Kansas 66502  
[KDA.PestFert@ks.gov](mailto:KDA.PestFert@ks.gov)

**SEMI-ANNUAL TONNAGE INSPECTION FEE AFFIDAVIT**

Report Period: January 1 – June 30 \_\_\_\_\_  
 (Penalty starts August 1<sup>st</sup>)

Report Period: July 1 – December 31 \_\_\_\_\_  
 (Penalty starts February 1<sup>st</sup>)

Registrant Name: \_\_\_\_\_ License# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ FEIN: \_\_\_\_\_ Email: \_\_\_\_\_

----- *Please refer to Instructions* -----

Pursuant to K.S.A. 2-1202 and K.S.A. 2-1205, the registrant of a commercial fertilizer is required to file an affidavit with Kansas Department of Agriculture and keep adequate records showing the tonnage of each commercial fertilizer shipped to or sold, offered or exposed for sale, or distributed – for use in Kansas. Authorized representatives of the Kansas Department of Agriculture have the authority to examine such records as necessary to verify the affidavit of tonnage.

If the affidavit is false or not filed within 30 days of the close of the reporting period or the inspection fee is not paid within those 30 days, the registrant will be assessed a penalty of \$10 per day.

The following is the required statement of tonnage of registered commercial fertilizer shipped, sold, or distributed in Kansas for the preceding six-month period for the above listed registrant.

**Tonnage on which inspection fee is due. . . . .** \_\_\_\_\_

**Inspection Fee at \$1.67 per ton . . . . .** \_\_\_\_\_

**AFFIDAVIT OF COMMERCIAL FERTILIZER TONNAGE**

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing statement of tonnage, and the attached Confidential Tonnage Report are true and correct. I understand that by submitting false information I will be subject to civil and criminal penalties pursuant to K.S.A. 2-1205, 21-3711, and 21-3805.

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**For Office Use Only** Rev 01-19

Check/CC \_\_\_\_\_ Amount \$ \_\_\_\_\_ Payment/TR# \_\_\_\_\_

FRF 0.04 \$ \_\_\_\_\_

FRT 0.18 \$ \_\_\_\_\_

SWP 1.40 \$ \_\_\_\_\_

FRP \$ \_\_\_\_\_