



Kansas Department of Agriculture
 Pesticide and Fertilizer Program
 1320 Research Park Dr.
 Manhattan, KS 66502
 785-564-6688
KDA.PestLabels@KDA.KS.GOV

APPLICATION FOR REGISTRATION OF SOIL AMENDMENTS

For Calendar Year of _____
 New _____ Renewal _____

January 1- December 31

**Required
 Non-refundable
 \$100.00 fee**

Remittance is enclosed to cover the registration fee for _____ product(s).

Complete Business Name _____ Registration# _____

Location/Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Federal Tax ID/SS Number _____ Email _____

This is to certify the following to be a true copy of the statement which will be plainly printed on the label accompanying bulk shipments, or affixed to every lot or parcel of soil amendment sold, offered, or exposed for sale in Kansas. **Current final label must be submitted with the application in searchable PDF or CD form.**

1. Net Weight of Contents: _____
2. Name of Product: _____
3. Purpose of Product: _____

4. Directions for Application: _____

5. Name and Address of Manufacturer or Registrant: _____

6. Liquid or Dry _____ Bulk or Bagged _____

ACTIVE INGREDIENTS - Name of each ingredient and percent

_____	_____	_____	_____
	%		%
_____	_____	_____	_____
	%		%
_____	_____	_____	_____
	%		%

INERT INGREDIENTS - Name of each ingredient and percent

_____	_____	_____	_____
	%		%
_____	_____	_____	_____
	%		%
_____	_____	_____	_____
	%		%

I hereby attest that the information in this application for registration is true, complete and accurate.

 Signature

 (Date)

 (Typed/printed name of signer)

 (Title)