



Kansas Department of Agriculture
 Pesticide and Fertilizer Program
 1320 Research Park Dr.
 Manhattan, KS 66502
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KDA.PestFert@KS.GOV

APPLICATION FOR REGISTRATION OF COMMERCIAL FERTILIZERS

Registration period: July 1, ____ - June 30, ____

Non Refundable Registration fee of \$45.00 per product

For and on behalf of the applicant I, the undersigned, hereby authorize the Secretary of the Department of Agriculture or their authorized representative to examine all records of the applicant necessary for the purpose of verifying and determining the inspection fee due on commercial fertilizers to the state of Kansas.

_____ New Registration _____ Additional Products _____ License Number

Registrant Name (Name on label): _____

Address: _____ Phone #: _____

_____ Federal Tax ID #: _____

Contact Person: _____ Email Address: _____

Non Refundable Registration fee enclosed for _____ products (\$45.00/fertilizer) in the amount of \$ _____ .00
 Printed Name of President/CEO/Owner _____ Phone # _____

List each new product to be registered in Kansas. Current final label, including any other documents referred to in the label or attached to the container, must be submitted with this application. Labels in searchable PDF format on a CD preferred but paper labels will be sufficient. Not submitting labels will delay the application process.

Guaranteed Analysis from Product Label

Name of Fertilizer & <u>Unit</u> <u>Product Code</u>	Packaged Y or N	Bulk Y or N	Liquid (L) or Dry (D)	Total Nitrogen (Minimum)	Available Phosphate P ₂ O ₅ (Minimum)	Soluble Potash (Minimum)	Other Plant Elements (Minimum)

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

(Signature)

(Date)

(Typed/Printed Name of Signer)

(Title)

For Office Use Only

Transaction # _____ Check # _____ RFP _____ FRR _____