

NORTH CAROLINA DEPARTMENT OF AGRICULTURE AND
 CONSUMER SERVICES
STEVE TROXLER., COMMISSIONER

APPLICATION FOR PRODUCT REGISTRATION

Application is hereby made for the registration under the provisions of the N.C.. *Fertilizer Law of 1977* thereto of the following products with the knowledge that Registration expires June 30 of each year.

This registration expires June 30, 20__

NOTE: Please enclose actual label(s)bag(s) NOTE: Please List Sources

| Brand or Trade Name (as it appears on label or bag) | MIXED FERTILIZER & FERTILIZER MATERIAL (PERCENTAGE) | | | | | | | | | | | | | | | | | | | | | | Sources of N-P-K | | |
|--|---|----|-------|-------|--------|--------|------|----------------------------------|---------------------|-------|-------|-------|------|--------|------|---------|----------|--------|-------|-------|-------|-------|------------------|-------|-------|
| | Grade | WT | 01 TN | 02 NN | 03 WIN | 08 SCU | 10 U | 04 P ₂ O ₅ | 05 K ₂ O | 06 Cl | 07 Mg | 09 Ca | 11 S | 12 MgS | 13 B | 14 Acid | 15 Basic | 16 MnS | 17 Mn | 18 Cu | 19 Fe | 20 Zn | | 21 Mo | 22 Co |
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FERTILIZER REGISTRATION FEE
 \$55.00 per brand per year for packages weighing 5 LBS NET or LESS
 \$5.00 per brand per year for all other weights

MAKE CHECKS PAYABLE TO:
 NC DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
 (Mail with Application For Registration)

MAIL TO:
 North Carolina Department of Agriculture & Consumer Services
 1060 Mail Service Center, Raleigh, NC 27699-1060
 ATTN: DANNY TURNER, Fertilizer Administrator

NAME OF MANUFACTURER _____

COMPLETE MAILING ADDRESS FOR REGISTRATION _____

COMPLETE MAILING ADDRESS FOR ANALYTICAL REPORTS _____

DATE OF APPLICATION _____ SIGNATURE _____

Do Not Write In This Block FOR OFFICE USE ONLY

CERTIFICATE OF REGISTRATION
This certifies that the above applicant is hereby licensed to sell the above brand(s) in the State of North Carolina for the periods set by law beginning with the actual date of registration when sold, offered, or exposed for sale, or distributed under the brand names and guarantees as they appear above.

Amount of Fee Paid \$ _____ Fertilizer Administrator _____

DATE: _____