

MARYLAND DEPARTMENT OF AGRICULTURE

TELEPHONE NUMBER: 410-841-2721

FAX NUMBER: 410-841-2740

Receipt No. _____ M

REGISTRATION FOR PURE OR MIXED CULTURE OF MICRO-ORGANISM_____
20____**Return two copies to:****For US Postal Service:**Maryland Department of Agriculture
P. O. Box 17304
Baltimore, MD 21297-1304**For Commercial Shipping Service:**First Data / Remitco
Attn: Maryland Department of Agriculture /
LOCKBOX # 7671
400 White Clay Center Drive
Newark, DE 19711**BANK USE ONLY: 14 08**

Please make checks payable to: Maryland Department of Agriculture

Application is hereby made for the registration of the following _____ Micro-Organisms at \$30.00 per product or brand for a period beginning with the actual date of registration and continuing until January 31, 20____. Enclosed is a label for each product or brand. Make checks payable to the Maryland Department of Agriculture.

Name of Brand: _____

Time of Expiration: _____

Kind or Kinds of Legumes Benefitted: _____

Kind of Carrier Used: _____

Amount of Seed or Acreage Inoculated Per Package: _____

I hereby certify that the information appearing above is true and correct in every respect, that each and every bag, package, or parcel of the above named material will be sold under the above labeling, that such registration shall not be deemed to apply to sales of said material in said State made before or after dates above named.

Firm Name and Address Appearing on Label:**Submitted By:**

Firm _____ Firm _____

Address _____ Address _____

City, State and Zip _____ City, State and Zip _____

Attention _____ Email Address _____

FAX: (____) _____ **PHONE:** (____) _____

Date	Account Amt.	Maker	Check No.	Date	Check Amt.