

**MARYLAND DEPARTMENT OF AGRICULTURE**

TELEPHONE NUMBER: 410-841-2721

FAX NUMBER: 410-841-2740

Receipt No. \_\_\_\_\_ FP

**APPLICATION FOR REGISTRATION OF FERTILIZER-PESTICIDE MIXTURES**

\_\_\_\_\_ 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:**

Lockbox Services (17304)  
Maryland Department of Agriculture  
7175 Columbia Gateway Drive  
Columbia, MD 21046-2534

**CB # 48103 5763**

**BANK USE ONLY: 14 03**

<b>Please make checks payable to: Maryland Department of Agriculture</b>

Application is hereby made for the registration of \_\_\_\_\_ fertilizer-pesticide mixture(s), sold in packages of 10 lbs. or less (\$140 per product) and of \_\_\_\_\_ fertilizer-pesticide mixture(s), sold only in bulk packages larger than 10 lbs. (\$125 per product) 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.

Product(s) Name and Grade	Pesticide		EPA No.
	Active Ingredient(s)	Guarantee	
1) Sources NPK			
2) Sources NPK			
3) Sources NPK			
4) Sources NPK			
5) Sources NPK			
6) Sources NPK			

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

Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City, State and Zip \_\_\_\_\_

Attention: \_\_\_\_\_

**FAX:** (\_\_\_\_\_) \_\_\_\_\_

**Submitted By:**

Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City, State and Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

**PHONE:** (\_\_\_\_\_) \_\_\_\_\_

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