

Maryland Department of Agriculture
FERTILIZER-PESTICIDE TONNAGE REPORT
SEMI-ANNUAL {Due January 31 and July 31}

SUBMIT REPORT AND YOUR PAYMENT TO:**Bank Use Only: 48103 6798****For US Postal Service**

Maryland Department of Agriculture
 State Chemist Section (410) 841-2721
 P.O. Box 17304
 Baltimore, Maryland 21297-1304

For Commercial Shipping Service

Maryland Department of Agriculture - LOCKBOX 17304
 Mac Y1372-045
 2005 Market Street, 5th Floor
 Philadelphia, PA 19103-7042

Co. No. _____ Reg. Co. No. _____

{Please make your check payable to MDA and retain copies for your records}

The following is a true report of all Fertilizer distributed by this firm in the State of Maryland as required by the Maryland Commercial Fertilizer Law. Section 6-209(a) of the law requires any registrant of fertilizer-pesticides(s) to report every sale for the periods of January 1 through June 30 (due July 31) and July 1 through December 31 (due January 31) of each year.

PRODUCT NAME	GRADE	EPA PESTICIDE REGISTRATION NO.	Tons Sold	Amount Due @.25 a Ton
TOTAL (from all pages)				\$

The enclosed remittance of \$ _____ represents the full payment of Tonnage Inspection Fees due at the rate of 25 cents per ton. A check payable to the Maryland Department of Agriculture is enclosed. If the tonnage fee is not paid within 30 days after the end of the semi-annual period (June 30 and December 31) a late fee of 10% of the total due will be assessed (\$10 minimum which ever is greater). If you have more products than can be recorded on this form, please use the continuation sheet. Please enter the totals on this form.

I hereby swear (or affirm) under penalty of perjury that this is a full and correct report of the tonnage of COMMERCIAL FERTILIZER sold by this company in the State of Maryland during the period beginning:

_____ 20 ____ and ending _____ 20 ____

Firm _____
 Street and No. _____
 City, State, Zip _____

Signature _____
 Title _____
 Date _____

PHONE (____) _____ FAX (____) _____

(DO NOT FILL IN BELOW THIS LINE)

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

