

**Maryland Department of Agriculture**  
**AGRICULTURAL LIMING MATERIALS**  
**TONNAGE REPORT**  
**SEMI-ANNUAL {Due January 31 and July 31}**

SUBMIT REPORT AND YOUR PAYMENT TO:

Bank Use Only: 48103 6723

**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, 5<sup>th</sup> Floor  
 Philadelphia, PA 19103-7042

*{Please make your check payable to MDA and retain copies for your records}* Co. No. \_\_\_\_\_ Reg. Co. No. \_\_\_\_\_

The following is a true report of all Liming materials and Gypsum as defined in the Maryland Agricultural Liming Materials and Gypsum Law, sold in Maryland. Section 6-306(a) of the law requires any registrant who distributes agricultural liming materials or gypsum in the State of Maryland to file by January 31 and July 31 a semi-annual statement setting forth the number of net tons of agricultural liming material or gypsum distributed in the State during the six month period ending the last day of the previous month. For example the period from January 1 through June 30 is due July 31.

BRAND	Tons Sold	Amount Due @\$ .10 a ton
B Burned or hydrated lime		
G Ground Limestone		
M Miscellaneous liming materials		
S Gypsum		
TOTALS		\$

The enclosed remittance of \$ \_\_\_\_\_ represents the full payment of Tonnage Inspection Fees due at the rate of 10 cents per ton. A check payable to the Maryland Department of Agriculture is enclosed. Your cancelled draft will serve as your receipt. However, if you want us to send you a receipt, check here [ ]. Failure to make an accurate statement of tonnage and pay the inspection fee is sufficient cause to cancel all registrations of the registrant.

I hereby swear (or affirm) under penalty of perjury that this is a full and correct report of the tonnage of AGRICULTURAL LIMING MATERIAL or GYPSUM sold by this company in or into 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.