

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, 5th 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 _____ Signature _____
 Street and No. _____ Title _____
 City, State, Zip _____ Date _____

PHONE () _____ FAX () _____

(DO NOT FILL IN BELOW THIS LINE)

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