

**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:**

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

**CB # 48103 5754**

**BANK USE ONLY: 14 08**

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

Application is hereby made for the registration of the following \_\_\_\_\_ Micro-Organism product(s) sold in packages of 10 lbs. or less (\$30.00 per product), of \_\_\_\_\_ Micro-Organism product(s) sold only in bulk or packages larger than 10 lbs. (\$15.00 per product) and \_\_\_\_\_ Micro-Organism product(s) sold in both small and large packages (\$30 per product) for a period beginning with the actual date of registration and ending on 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.