

**Maryland Department of Agriculture**  
 **SOIL CONDITIONER TONNAGE REPORT**  
 **COMPOST TONNAGE REPORT**  
**SEMI-ANNUAL {Due January 31 and July 31}**

**SUBMIT REPORT AND YOUR PAYMENT TO:**

**Bank Use Only: 48103 6720**

**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**

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

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 Soil Conditioner/Compost 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 distribution of soil conditioner(s) to report every sale for the periods of January 1 through June 30 and July 1 through December 31 of each year.

Brand	Composition	Classification	Tons Sold	Amount Due @.25 a Ton
	<b>TOTAL (from all pages)</b>			<b>\$</b>

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 not paid within 30 days after the end of the semi-annual period ending (June 30 and December 31) a collection fee of 10% of the total due will be assessed (\$10 minimum). If you have more products than will fit on this form, please use the continuation sheet. Please be certain to bring the totals to 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 \_\_\_\_\_ 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.

