

**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**

Maryland Department of Agriculture - LOCKBOX 17304  
 Mac Y1372-045  
 2005 Market Street, 5<sup>th</sup> 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 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 \_\_\_\_\_  
 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.

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**Company Name**

[illegible]