

Name on Card_

OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD AND FORESTRY

Consumer Protection Services PO Box 528804 Oklahoma City, OK 73152-8804 405-522-4057 Office

joshua.maples@ag.ok.gov

FERTILIZER LICENSE APPLICATION

FOR OFFICE USE ONLY
Receipt #
436
Date
License#

The fertilizer license fee of \$50.0	00 is required	I for each loca	ation and e	expires on December 31st of each year.		
Please indicate below the product(s) stored in bulk and/or distributed by your business:						
☐ ANHYDROUS AMMONIA	☐ LIQUID FERTILIZER			\square AMMONIUM NITRATE		
\square DRY BULK FERTILIZER	☐ BAGGED FERTILIZER			□ OTHER		
Please indicate below the categories that apply to your business:						
☐ REGISTRANT	☐ CUSTOM APPLICATOR ☐ CUS			☐ CUSTOM BLEND FERTILIZER		
☐ ORNAMENTAL/TURF APPLIC	CATOR BROKER			\square NO LONGER IN BUSINESS		
Business Name				Phone # ()		
Location Address				County		
City			State	Zip Code		
Mailing Address						
City			State	Zip Code		
Email Address	mail AddressContact					
I agree to comply with all the provisions of the Oklahoma Fertilizer Act and Rules. I agree that when any change in the information on this form occurs I will notify the Oklahoma Department of Agriculture, Food and Forestry at the above address in writing. I understand that the license expires on the 31 st day of December each year and must be renewed annually. If renewed after January 31 st of the following year a \$50.00 penalty also applies.						
Signature of Applicant				Date		
Please make checks payable to the Oklahoma Department of Agriculture, Food and Forestry						
Card #				_Amount Paid		
Type of Card ☐ Visa ☐ Master Card ☐ Discover Expiration Date (MM/YYYY)						