



**OKLAHOMA DEPARTMENT OF AGRICULTURE,  
FOOD AND FORESTRY**  
**Consumer Protection Services**  
**2800 N Lincoln Blvd Oklahoma City, OK 73105**  
**PO Box 528804 Oklahoma City, OK 73152-8804**  
**405-522-4057 Office 405-522-4584 Fax**  
[joshua.maples@ag.ok.gov](mailto:joshua.maples@ag.ok.gov)

<b>OFFICE USE ONLY</b>	
Rec #	_____
Lime License (433)	_____
Amt \$	_____
Date	_____
Lic No	_____

**APPLICATION FOR AG-LIME VENDOR'S LICENSE**

NAME OF APPLICANT OR VENDOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ COUNTY \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP CODE \_\_\_\_\_

(9 digit)

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_  
 Area Code Number

**VENDOR'S LICENSE FEE..... \$25.00**

**TO THE APPLICANT: The above license expires on the 31st day of December each year and must be renewed annually.**

The applicant understands they are responsible for purchasing, hauling, and spreading **ONLY** limestone or any other liming material from manufacturers or producers who are registered in Oklahoma and reporting the inspection fee. Also, they will make sure all liming material is properly labeled by the manufacturer or producer at the time of purchase and that **each load shows the net weight and guarantee for the percent of ECCE on the weight ticket at the time of delivery to the farmer or consumer.**

The number of spreader trucks or similar vehicles used by the applicant is \_\_\_\_\_.

Applicant agrees to comply with the Oklahoma Agricultural Liming Material Act and Rules and understands their license may be cancelled at any time for failure to do so.

Date \_\_\_\_\_ By \_\_\_\_\_  
 (Name and Title)

Card No. _____	Amount _____
Paid _____	
Type of Card <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	Exp Date(MM/YYYY) _____
Name On Card _____	

**Note: Return this form with appropriate fees to above address.**