



OKLAHOMA DEPARTMENT OF AGRICULTURE,  
 FOOD AND FORESTRY  
 Consumer Protection Services  
 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)

FOR OFFICE USE ONLY
Receipt # _____
436 _____
Date _____
License# _____

FERTILIZER LICENSE APPLICATION

The fertilizer license fee of \$50.00 is required for each location and expires on December 31<sup>st</sup> of each year.

Please indicate below the product(s) stored in bulk and/or distributed by your business:

<input type="checkbox"/> ANHYDROUS AMMONIA	<input type="checkbox"/> LIQUID FERTILIZER	<input type="checkbox"/> AMMONIUM NITRATE
<input type="checkbox"/> DRY BULK FERTILIZER	<input type="checkbox"/> BAGGED FERTILIZER	<input type="checkbox"/> OTHER _____

Please indicate below the categories that apply to your business:

<input type="checkbox"/> REGISTRANT	<input type="checkbox"/> CUSTOM APPLICATOR	<input type="checkbox"/> CUSTOM BLEND FERTILIZER
<input type="checkbox"/> ORNAMENTAL/TURF APPLICATOR	<input type="checkbox"/> BROKER	<input type="checkbox"/> NO LONGER IN BUSINESS

Business Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Location Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Contact \_\_\_\_\_

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<sup>st</sup> day of December each year and must be renewed annually. If renewed after January 31<sup>st</sup> 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 <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover	Expiration Date (MM/YYYY) _____
Name on Card _____	