



**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
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FOR OFFICE USE	
Receipt # _____	
397 _____	
Date _____	

REGISTRATION FORM FOR FERTILIZER

Date _____, 20____

This is to certify the following to be a true copy of the statement which will be plainly printed on every label or bag or affixed to every lot or parcel of the fertilizer indicated below; to be used, sold, offered or exposed for sale in the State of Oklahoma (**containers that weigh less than 30 pounds have a \$100.00 annual registration fee that expires June 30th of each year**):

- a. Net weight (list package weight(s) or bulk) _____
- b. Brand name and grade _____
- c. The name, mailing address and telephone number of manufacturer _____

- d. The name, mailing address and telephone number of registrant (if different than above) _____

- e. The place and address where manufactured _____

GUARANTEED ANALYSIS

Total Nitrogen (N) _____ %
 Available Phosphate (P₂O₅) _____ %
 Soluble Potash (K₂O) _____ %
 Other _____

Applicant Signature

RETURN 2 COPIES OF REGISTRATION FORM & A PRODUCT LABEL TO ABOVE ADDRESS

Card No _____	Amount Paid _____
Type of Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Expiration Date (MM/YYYY) _____
Name on Card _____	

----- OFFICE USE ONLY -----

Approved and filed for record this _____ day of _____, 20____
 Disapproved