



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](mailto:joshua.maples@ag.ok.gov)

### FERTILIZER LICENSE APPLICATION

#### OFFICE USE ONLY

Receipt # \_\_\_\_\_

436 \_\_\_\_\_

Date \_\_\_\_\_

License# \_\_\_\_\_

AGN \_\_\_\_\_

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:

☐ ANHYDROUS AMMONIA

☐ LIQUID FERTILIZER

☐ AMMONIUM NITRATE

☐ DRY BULK FERTILIZER

☐ BAGGED FERTILIZER

☐ OTHER \_\_\_\_\_

Please indicate below the categories that apply to your business:

☐ REGISTRANT

☐ CUSTOM APPLICATOR

☐ CUSTOM BLEND FERTILIZER

☐ ORNAMENTAL/TURF APPLICATOR

☐ BROKER

☐ 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

**Note: Return this form with appropriate fees to above address. Please make checks payable to the Oklahoma Department of Agriculture, Food and Forestry.**