

Arkansas

20__-20__ Application for Registration of Commercial Fertilizers

Arkansas State Plant Board, P. O. Box 1069, Little Rock, AR 72203

In accordance with Regulation No. 2 of the Arkansas Fertilizer Law (Act 106 of 1951 as amended), you are hereby requested to register for sale or distribution in Arkansas the fertilizer brands listed below.

NOTE: The name of any commercial fertilizer or fertilizer material shall be considered as a distinct and separate brand when differing in any respect other than the grade or common name of a fertilizer material.

All Registrations expire June 30 of each year.

FIRM NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____

*Complete Brand Name	%	% Avail	%	**	Guaranteed Analysis % *** (Minimums listed)											
					Nitrogen	Phos. Acid	Potash	Sources	Ca	Mg	S	B	Cl	Co	Cu	Fe
					1.0	0.5	1.0	0.02	0.1	.0005	0.05	0.1	0.05	.0005	0.1	0.05

*For "Specialty Fertilizer" attach a complete label

**Sources (complete if applicable)

***Minimums (complete if applicable)

- | | | |
|--------------------------|-----|-----|
| 1. Ammonium Nitrate | 6. | 11. |
| 2. Nitrogen Solutions | 7. | 12. |
| 3. Urea | 8. | 13. |
| 4. Triple Superphosphate | 9. | 14. |
| 5. Muriate of Potash | 10. | 15. |

Number of Brands x \$25.00 = _____

TOTAL FEE ENCLOSED \$ _____

Please make checks payable to: Arkansas State Plant Board

Do not write in this space	Registration No.
Approved for fiscal year ending June 30, 20__ Approved by: Jamey Johnson, Director Division of Feed & Fertilizer Signature _____ Date Approved _____	

We hereby certify the above descriptions and attachments are true and correct.

Print Name & Title: _____

Signature: _____ Date: _____

If you maintain a fertilizer blending and/or bulk storage facility in the state of Arkansas, complete this form, listing each location with the complete mailing address of each facility.

If you do not have a bulk facility in Arkansas, enter N/A and return with your registration application.

Check here if facility application should be mailed to each individual location.

ARKANSAS FACILITY LOCATION	COMPLETE MAILING ADDRESS

Check here if facility application should be sent below.

Firm Name _____ ***Phone*** _____

Attention _____

Address _____

City & State _____ ***Zip*** _____