

**SOUTH DAKOTA DEPARTMENT OF AGRICULTURE
DIVISION OF AGRICULTURAL SERVICES**

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**SOUTH DAKOTA COMMERCIAL FERTILIZER TONNAGE & INSPECTION FEE REPORT
FOR THE YEAR ENDING _____**

(Name of Firm or Corporation holding License)

(Mailing Address)

(City State Zip)

**EACH LICENSEE MUST COMPLETE AND FILE THIS FERTILIZER AND INSPECTION FEE REPORT,
EVEN IF NO FERTILIZER WAS SOLD OR NO FEE IS DUE.**

**THIS REPORT MUST BE RECEIVED BY JANUARY 30. IF FILED LATER THAN THAT DATE, INCLUDE A 10% LATE FEE (MINIMUM OF \$10.00) IN ADDITION TO THE INSPECTION FEE DUE.
COMPUTER PRINTOUTS WILL NOT BE ACCEPTED IN PLACE OF THIS FORM.**

- 1. Total number of tons of commercial fertilizer/compost sold: _____
- 2. Number of commercial fertilizer/compost total tons for which tonnage and inspection fees have already been paid (from other side): _____
- 3. Number of commercial fertilizer/compost total tons for which the tonnage inspection is due (subtract line 2 from line 1 and enter the difference here): _____
- 4. Total number of tons of manipulated animal manure sold: _____
- 5. Number of manipulated animal manure total tons for which the tonnage and inspection fees have already been paid (from other side): _____
- 6. Number of manipulated animal manure total tons for which the tonnage inspection fee is due (subtract line 5 from line 4 and enter difference here): _____
- 7. Fee due at \$.15 multiplied by total listed on line 3 (commercial fertilizer/compost): _____
- 8. Fee due at \$.05 multiplied by the total listed on line 6 (manipulated animal manure): _____
- 9. Late fee due after January 30, include 10% late fee or minimum of \$10, whichever is greater (add line 7 and line 8 and multiply by 0.10, enter the result or \$10, whichever is greater and enter result here): _____
- 10. Grand total due (total of line 7, line 8, and line 9): _____

I declare and affirm under the penalties of perjury that this report has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

(Type or print name of person completing this form) (Title of person completing this form)

(Signature) (Date)

