



STATE OF CONNECTICUT  
**DEPARTMENT OF AGRICULTURE**  
 165 CAPITOL AVENUE, HARTFORD, CT 06106  
 (860) 713-2512

CT Registration  
 Number FTR - \_\_\_\_\_

New Registration

New Products

Registration Expiration: 06/30/13

## COMMERCIAL FERTILIZER REGISTRATION APPLICATION

Application is hereby made in accordance with and subject to the provisions of the Connecticut General Statutes Sections 22-111a through 22-111q, for registration of commercial fertilizer. All registrations shall expire on June thirtieth of each year. The registration renewal period shall be from July 1<sup>st</sup> through June 30<sup>th</sup> following inclusive. Submitted as part of this application is (1) label (or facsimile of proposed label) for each new or revised product only. Payment of registration fee of seventy five dollars for each brand and grade listed on this application must accompany this application. Check should be made payable to "CT Department of Agriculture".

NOTE: New and Renewal Applications cannot be processed if: required payment is not submitted with the application, the application is incomplete, and/or the Federal Employer Identification Number or Social Security Number is not provided. Incomplete applications and submitted payment will be returned for completion and resubmission.

Please Print or Type

Registration Number FTR - _____	Federal Employer Identification Number _____	or	Social Security Number _____
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COMPANY NAME				TELEPHONE NUMBER			
MAILING ADDRESS			TOWN/ CITY		STATE	ZIP CODE	NAME OF CONTACT PERSON
IF REGISTERING ON BEHALF OF ANOTHER COMPANY, LIST NAME AND ADDRESS OF THAT COMPANY					TOWN/ CITY	STATE	ZIP CODE

LIST ONLY NEW PRODUCTS		Total	Avail Phos.	Solu Potas.	Ca	Mg	Sul	B	Co	Mo	Cl	Cu	Fe	Mn	Na	Zn
BRAND NAME	PRODUCT NAME	N	P <sub>2</sub> O <sub>5</sub>	K <sub>2</sub> O												

I HEREBY CERTIFY THAT: 1) The information appearing on the labels or facsimiles for these products is true and correct in every respect; and 2) The application is made for and in behalf of the named company above.			
(Printed Name of Applicant)	(Signature of Applicant)	(Title)	(Date)

**THIS AREA FOR OFFICE USE ONLY**

Amount Received \$ \_\_\_\_\_

Check # \_\_\_\_\_

Date Processed \_\_\_\_\_

TS#: \_\_\_\_\_

PLEASE RETURN: **1)** Completed application, **2)** One label or tag for each new or revised product, **3)** Product listing (renewals only) with corrections noted in red, **4)** Check payable to CT Department of Agriculture for new and/or renewal product registration fee.

**MAIL TO:** CT Department of Agriculture, Attn: Licensing, 165 Capitol Avenue, Hartford, CT 06106-1659