

STATE OF DELAWARE DEPARTMENT OF AGRICULTURE

AGRICULTURE COMPLIANCE SECTION 2310 South DuPont Highway DOVER, DELAWARE 19901

2019 Commercial Fertilizer Mixing Facility Registration Application

Application for registration is hereby made for the year ending **December 31, 2019** for the manufacturing of

| | | Custom Mixed Fertilizer | rs for sale in the State of De | elaware. |
|---|----------------------------|---------------------------------|--------------------------------|--|
| Company/Firm In | iformation: | | | |
| Application By (Co | ompany/Firm Name): | | | |
| Mailing Address: | | | City: | |
| State: Zip Code: Country: | | Phone: | | |
| Contact Name: | | Email: | | |
| | | | | |
| List | an locations for C | ustom mix bienders | s that the above col | mpany/person is representing. |
| Company: | | | Company: | |
| Address: | | | Address: | |
| City, State, Zip: | | | City, State, Zip: | |
| Phone:Contact: | | | Phone:Contact: | |
| | | | | |
| Company: | | | Company: | |
| Address: | | | Address: | |
| City, State, Zip: | | | City, State, Zip: | |
| Phone:Contact: | | | Phone:_ | Contact: |
| | | Proof of Registrati | on Delivery Method | |
| Email | | Mail | | |
| | | Bildi | | stration Fees |
| | Quantity | Fee | Total Due | Please make checks payable to: |
| Facilities: | | x 100.00 = | | Delaware Department of Agriculture |
| | | | | npanying documents submitted are atte requirements in every respect. |
| Authorized Representative (Please Print | | | t) | Date (mm/dd/yyyy) |
| | | | Office Use Only | |
| is certifies that the annual re | egistration fees have been | paid and entitles the applica | ant to Date Processed: | |
| | | with the actual date of approva | al Form of Payment: | : Check |
| ling December 31, 2019, u | miess canceled. | | · | 1: Payment Amount 2: |
| | | | rayment Amount | 1: rayment Amount 2: |

Approved Signature By:____