



STATE OF DELAWARE  
**DEPARTMENT OF AGRICULTURE**  
 AGRICULTURE COMPLIANCE SECTION  
 2310 South DuPont Highway  
 DOVER, DELAWARE 19901

**2025 Commercial Fertilizer Mixing Facility Registration Application**

Application for registration is hereby made for the year ending **December 31, 2025**, for the manufacturing of Custom Mixed Fertilizers for sale in the State of Delaware.

**Company/Firm Information:**

Application By (Company/Firm Name) : \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

**List all locations for custom mix blenders that the above company/person is representing.**

**Company:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

**Company:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

**Company:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

**Company:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

**Proof of Registration Delivery Method**  
 Email \_\_\_\_\_ Mail \_\_\_\_\_



		Registration Fees		
Facilities:	Quantity	Fee	Total Due	Please make checks payable to: <b>Delaware Department of Agriculture</b>
		x 100.00 =		

I hereby certify that all information on this form, and any accompanying documents submitted are true, correct, and in compliance with applicable federal and state requirements in every respect.

\_\_\_\_\_  
 Authorized Representative (Please Print)

\_\_\_\_\_  
 Date (mm/dd/yyyy)

**Office Use Only**

This certifies that the annual registration fees have been paid and entitles the applicant to distribute custom mixed fertilizer for a period beginning with the actual date of approval ending **December 31, 2025**, unless canceled.

**Date Processed:** \_\_\_\_\_

**Form of Payment:** Check      Credit Card      Credit Applied      Cash

**Payment Amount 1 :** \_\_\_\_\_ **Payment Amount 2 :** \_\_\_\_\_

**Check Number:** \_\_\_\_\_

Approved Signature By: \_\_\_\_\_