



**OKLAHOMA DEPARTMENT OF AGRICULTURE,  
FOOD AND FORESTRY**  
Consumer Protection Services  
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<b>FOR OFFICE USE</b>	
Receipt # _____	
397 _____	
Date _____	

**REGISTRATION FORM FOR FERTILIZER**

Date \_\_\_\_\_, 20\_\_\_\_

This is to certify the following to be a true copy of the statement which will be plainly printed on every label or bag or affixed to every lot or parcel of the fertilizer indicated below; to be used, sold, offered or exposed for sale in the State of Oklahoma (**containers that weigh less than 30 pounds have a \$100.00 annual registration fee that expires June 30<sup>th</sup> of each year**):

- a. Net weight (list package weight(s) or bulk) \_\_\_\_\_
- b. Brand name and grade \_\_\_\_\_
- c. The name, mailing address and telephone number of manufacturer \_\_\_\_\_  
\_\_\_\_\_
- d. The name, mailing address and telephone number of registrant (if different than above) \_\_\_\_\_  
\_\_\_\_\_
- e. The place and address where manufactured \_\_\_\_\_

**GUARANTEED ANALYSIS**

Total Nitrogen (N) ..... \_\_\_\_\_ %  
 Available Phosphate (P<sub>2</sub>O<sub>5</sub>) ..... \_\_\_\_\_ %  
 Soluble Potash (K<sub>2</sub>O) ..... \_\_\_\_\_ %  
 Other \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

**RETURN 2 COPIES OF REGISTRATION FORM & A PRODUCT LABEL TO ABOVE ADDRESS**

Card No _____	Amount Paid _____
Type of Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Expiration Date (MM/YYYY) _____
Name on Card _____	

----- OFFICE USE ONLY -----

Approved    and filed for record this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 Disapproved