

ILLINOIS DEPARTMENT OF AGRICULTURE
 BUREAU OF AGRICULTURAL PRODUCTS INSPECTION
 STATE FAIRGROUNDS, P.O. BOX 19281
 SPRINGFIELD, ILLINOIS 62794-9281
 (217) 782-3817

APPLICATION FOR REGISTRATION OF CUSTOM MIX FERTILIZER

(OFFICE USE)

 DATE

FEE: \$50.00

YEAR ENDING: _____

INFORMATION REQUIRED ON EACH INVOICE:

1. NAME AND ADDRESS OF CUSTOM MIXER
2. WEIGHT OF EACH CONSTITUENT AND TOTAL
3. GUARANTEE OF EACH INGREDIENT

REGISTRATION NO: _____
 COMPANY: _____
 CONTACT: _____
 ADDRESS: _____

 TELEPHONE: _____

ALL ADDITIONAL PLANTS MUST BE OPERATED UNDER THE NAME OF THE REGISTRANT
 LOCATION OF ADDITIONAL PLANTS

(OFF. USE) SITE NO	COUNTY	COMPANY NAME MANAGER	ADDRESS CITY, STATE ZIP TELEPHONE	CHECK ONE OR BOTH		CHECK IF MIXING FACILITY
				DRY	LIQUID	

_____ TOTAL NUMBER OF PLANTS OPERATED UNDER THIS REGISTRATION
 IMPORTANT NOTICE: THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PRUPOSE AS OUTLINED UNDER ILLINOIS REVISED STATUES, CHAPTER 5, 55.1 THROUGH 55.23. FAILURE TO PROVIDE THIS INFORMATION SHALL PREVENT THIS FORM FROM BEING PROCESSED. THIS FORM HAS BEEN APPROVED BY THE STATE FORMS MANAGEMENT CENTER.

 SIGNATURE AUTHORIZED REPRESENTATIVE AND TITLE
 RETURN WITH PROPER FEES

 DATE