LABELER NAME (APPLICANT)



Wisconsin Department of Agriculture, Trade and Consumer Protection Division of Agricultural Resource Management Bureau of Agrichemical Management Phone: (608) 224-4541

OFFICE USE ONLY
Date Received at DATCP:
Date Exempted:

Fertilizer or Soil or Plant Additive Exemption Determination For Organic Crop Production

NO FEE REQUIRED

(Wis. Adm. Code §§ ATCP 40.12(2)(d) and 40.28(1)(b))

A fertilizer and/or soil and plant additive labeled solely for organic crop production meets the permit exemption if ALL of the following apply:

- The product qualifies, or all of its ingredients qualify, under 7 CFR 205 for use in organic crop production.
- The product label discloses the listing or approval under subd. 1.
- The product label conspicuously states that "This product is intended for use according to an approved organic system plan."
- The manufacturer or distributor makes no performance claims for the product (verbal, printed or electronic).
- The product label provides use directions, including use rates and methods of application.

You will receive a copy of this form with an exemption date from the agency when the product is determined to be in compliance with requirements.

An exemption is "non-transferable" and remains in effect until substantial changes are made in the product formulation, label or advertising literature or because of a loss of company license.

WI Fertilizer

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				and/or Soil or Plant Additive License No.	65-			
ADDRESS			CITY		STAT	TE ZIP		
TEL	ephone)	FAX ()	E-MAIL A	DDRESS				
WEBSITE ADDRESS				USINESS NAME (IF DIFFE	RENT)			
Th	is form is for the following produ	ct: (For additional products, copy	/ this form	and complete one	form for each pro	oduct.)		
Brand Name and Grade					Product Type:	Fertilizer		
					(circle one or both)	Soil or Plant Additive		
NAME OF MANUFACTURER (If other than labeler)				TILIZER LICENSE NUMBEI	R TELEPHONE			
			30-		()			
ADDRESS			65-		STAT	TE ZIP		
ADDRESS					OTAL	L 211		
Р	lease submit the following ald	ong with this completed form:						
1. A complete and legible copy of your product label in its final form, that complies with all applicable provisions of Wisconsin's Fertilizer and/or Soil or Plant Additive laws and rules (Sections 94.64, 94.65, Wis. Stats., and Chapter ATCP 40. Wis. Adm. Code).								
2.	Copies of any printed advertising or informational materials used in connection with the sale of this product. If any non-print communication media are used, including testimonials, a printed copy of that material must also be submitted with this application.							
3.	 A valid and current Wisconsin Fertilizer and/or Soil or Plant Additive license number (above) or enclosure of a Wisconsin Fertilizer and/or Soil or Plant Additive License application and the appropriate license fee. 							
SIGNATURE OF AUTHORIZED REPRESENTATIVE: (REQUIRED)								
NAME (print)								
NC	FEE REQUIRED Mail form	and labeling to: State of Wisc	consin, D	ATCP, Box 93193	, Milwaukee, WI	53293-0193		