

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

OFFICE USE ONLY					
25900 700SE 1150073000 4600000 73000	*				

Application for Permit to Distribute Soil or Plant Additive

(Section 94.65(3), Wis. Stats.)

What is required to complete this application:							
	The nonrefundable \$100 permit fee, paid by check or money order in American dollars to the Department of Agriculture, Trade and Consumer Protection.						
LEGAL BUSINESS NAME			LABELER (APPLICANT) NAME (IF DIFFERENT FROM LEGAL BUSINESS NAME)				
ADDRESS			CITY	STATE ZIP			
	Soil or Plant itive Lic. No.	65-	TELEPHONE	NUMBER	FAX NUMBER		
		it electronically enter email here:	()		/		
	bsite Address						
This application is for the following product: (For additional products, copy this form and complete one form for each product.)							
Bra	nd Name:			Is this product derived from waste	e or by-products? (Circle one) Yes No		
NAM	E OF MANUFACTUR	ER (If other than labeler)		WI SOIL OR PLANT ADDITIVE LICENSE TELEPHONE ()			
ADD	RESS			CITY	STATE ZIP		
REQUIRED : The method of analysis for each guaranteed active ingredient in the soil or plant additive shall be one of the following: (MUST INDICATE METHOD)							
	AOAC Meth	nod; specify title or number		[A method containe	ed in the "Official Methods of		
	Analysis of	AOAC International", volume I, 17 th ed	dition as ı	updated by the 2 nd revision (2003).]		
	For humic substances, indicate one - the method contained in <i>Appendix B</i> , Chapter ATCP 40 or other method (below).						
Applicant hereby certifies the following:							
This product is effective and useful for all labeled purposes when applied under Wisconsin conditions according to label directions.							
The statements on the product label, and in related advertising and promotional materials, are truthful. The applicant has relevant and reliable information to substantiate all product labeling, including any claim or guarantee related to product contents. The applicant has relevant accounts as a substantiate all express and implied performance claims.							
 applicant has relevant scientific evidence to substantiate all express and implied performance claims. This product and its labeling comply with ch. ATCP 40, Wis. Adm. Code. 							
			DATE				
NAME (print)		TITLE					
	A nonrefundable fee of \$100.00 is required for each product brand name and formulation.						

<u>Make \$100 check payable to:</u> Wisconsin Department of Agriculture, Trade and Consumer Protection

<u>Mail form, labeling materials and check to:</u> State of Wisconsin, DATCP, Box 93193, Milwaukee WI 53293-0193