Incomplete applications <u>cannot</u> be processed and will be returned. Be sure to fill out all fields.

1. FIRM INFORMATION						
	Firm Name (Doing Busine	ess As)				
Street Number	City/Town	State	Postal Code	County		
Phone #	Fax #	Fax # Federal Identification Number				
Website Address						
First & Last Name of Registere	ed Agent, Responsible Party o	or Legal R	epresentative			
Email Address	Primary Phone	e	Cell/Seco	Cell/Secondary Phone		
Each plant and business loca Refer to Section 14591(a) of the Location of plant or business	e California Food and Agricu					
Street Number	City/Town State	e/Territory	/ Postal Code	County		
Please check one:						
Individual Partne	ership 🗌 Co Partnership					
Limited Liability Company (· _ ·	_	Other			
Mailing Address – if different	from license location informat	ion above	:			
Street Number	City/T	own	County			
State/Territory	Posta	l Code	Country			
Manager/Emergency Contact	t First & Last Name					
Email Address	Primary Phone	9	Cell/Seco	ndary Phone		

FERTILIZING MATERIALS LICENSE APPLICATION

513-020 (Rev. 05/2022)

Please check <u>ALL</u> that ma	ay apply:			
Bulk Distributor	Manufacture	er	Guarantor	
Do you manufacture, store,	or distribute ≥33% am	monium nitrate?	🗌 Yes	🗌 No
Do you manufacture, store,	or distribute compost	at this facility?	🗌 Yes	🗌 No
Check ONE box only to inc at this facility:	dicate the fertilizing ma	terial(s) you manı	ufacture, produc	e, or distribute
Organic input material	Convention	al fertilizer	Both	
Type of fertilizing materials	(Please check ALL that	at may apply):		
Organic input material	Specialty fer	tilizer 🗌 Au	uxiliary soil and p	plant substance
Agricultural mineral	Commercial	fertilizer 🗌 Pa	ackaged soil am	endment
 NAME AND TITLE of fertilizing materials 				
First Name	Middle Initial	Last Name	Title	
licensed firm name, fir	<mark>m id, and licensed</mark>	location addro	ess.	
	ormation contained in		n is true and co	rrect.
4. 🗌 I certify that the info	ormation contained in		n is true and co	
4. 🗌 I certify that the info	ormation contained in		n is true and co	
4. I certify that the info	ormation contained in presentative	n this applicatior	n is true and co D	
4. I certify that the info	presentative aterials License is or	n this applicatior	n is true and co D	
 I certify that the info Signature of Authorized Re Type or clearly print name The fee for a Fertilizing M Make check payable to: CDFA-419 And submit with a completed CDFA, ISD, FFLDRS 	presentative aterials License is or	n this application	n is true and co D	ate
 I certify that the info Signature of Authorized Re Type or clearly print name The fee for a Fertilizing M Make check payable to: CDFA-419 And submit with a comple CDFA, ISD, FFLDRS P.O. BOX 942875 	presentative aterials License is or eted and signed appli	n this application	n is true and co D rs (\$100.00). EPARTMENT U	ate
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