

ORGANIC INPUT MATERIAL

STATE OF CALIFORNIA

FERTILIZING MATERIALS REGISTRATION APPLICATION

513-026 (REV. 12/10)

DEPARTMENT OF FOOD AND AGRICULTURE
FEED, FERTILIZER, LIVESTOCK DRUGS, & EGG REGULATORY SERVICES

DO YOU HAVE A FERTILIZING MATERIALS LICENSE? YES NO (IF NO, SUBMIT A FERTILIZING MATERIALS LICENSE APPLICATION)

DOING BUSINESS AS (NAME ON LICENSE AND AS APPEARS ON LABEL)

(PHONE NUMBER)

(FAX NUMBER)

FULL NAME OF APPLICANT (OWNER OR OWNERS):

EMAIL :

ADDRESS (LICENSED ADDRESS AS IT APPEARS ON LABEL) :

(STREET NUMBER)

(CITY OR TOWN)

(COUNTY)

(STATE)

(ZIP CODE +4)

TYPE OF ORGANIC INPUT MATERIAL (CHECK ALL THAT MAY APPLY):

- | | |
|---|---|
| <input type="checkbox"/> AUXILIARY SOIL AND PLANT SUBSTANCE | <input type="checkbox"/> SOIL AMENDMENT |
| <input type="checkbox"/> AGRICULTURAL MINERAL | <input type="checkbox"/> SPECIALTY FERTILIZER |
| <input type="checkbox"/> COMMERCIAL FERTILIZER | <input type="checkbox"/> NOT SURE |

PLEASE SUBMIT THE FOLLOWING DOCUMENTATION: COMPLETE FORMULA OF MATERIAL, COMPLETE DESCRIPTION OF THE MANUFACTURING PROCESS FOR EACH INGREDIENT AND THE FINAL PRODUCT, INTENDED USE OF PRODUCT, SUPPLIER OF INGREDIENTS, ALTERNATE FORMULATION, THIRD PARTY FORMULATED INGREDIENTS, AND ANY ADDITIONAL INFORMATION SUPPORTING COMPLIANCE WITH THE NATIONAL ORGANIC PROGRAM STANDARDS. FAILURE TO SUBMIT THE REQUIRED DOCUMENTATION MAY RESULT IN A DELAY OF PROCESSING YOUR APPLICATION.

PLEASE SUBMIT ONE 8 1/2 X 11 COPY OF LABELING - LARGER SIZES ARE UNACCEPTABLE. LABELING MEANS ALL WRITTEN, PRINTED, OR GRAPHIC MATTER ON, ACCOMPANYING, OR USED IN PROMOTING SALE OF ANY FERTILIZING MATERIAL, INCLUDING ADVERTISEMENTS, BROCHURES, POSTERS, AND TELEVISION AND RADIO ANNOUNCEMENTS. REFER TO SECTION 14542 OF THE FOOD AND AGRICULTURAL CODE.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

The Department of Food and Agriculture has established time periods for the processing of permit applications, in compliance with Government Code Sections 15374-15378. Failure to comply with these time periods may be appealed to the Secretary of Food and Agriculture, P.O. Box 942871, Sacramento, CA 94271-0001, pursuant to regulations set forth in Title 3, California Code of Regulations, Section 301. Under certain circumstances, the Secretary may order that the applicant receive a reimbursement of filing fees.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

TYPE OR PRINT NAME

DATE

THE FEE FOR AN ORGANIC INPUT MATERIAL LABEL REGISTRATION IS FIVE HUNDRED DOLLARS (\$500) PER PRODUCT.

THE REGISTRATION EXPIRES ON DECEMBER 31 OF AN ODD-NUMBERED YEAR.

THE ABOVE FEE IS A LABEL REVIEW FEE AND IS NOT REFUNDABLE.

SEND ONE COPY OF THIS APPLICATION, WITH ONE 8 1/2 X 11 COPY OF LABELING AND FEES TO:

CASHIER, CFI
CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE
P.O. BOX 942872
SACRAMENTO, CA 94271-2872

DO NOT SEND COIN OR CURRENCY

DEPT. USE ONLY

RC NO. AND DATE

FEE

PENALTY

PLEASE FILL OUT ALL FIELDS. INCOMPLETE APPLICATIONS CANNOT BE PROCESSED AND WILL BE RETURNED.

PRODUCT NAME	WETTING AGENT	APPROVAL DATE / PRODUCT TYPE (OFFICE USE ONLY):
	Confidential? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PAM <input type="checkbox"/> SF <input type="checkbox"/> ASPS <input type="checkbox"/> PSA <input type="checkbox"/> CF <input type="checkbox"/> BAM <input type="checkbox"/> BSA <input type="checkbox"/> COMPOST
	Confidential? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PAM <input type="checkbox"/> SF <input type="checkbox"/> ASPS <input type="checkbox"/> PSA <input type="checkbox"/> CF <input type="checkbox"/> BAM <input type="checkbox"/> BSA <input type="checkbox"/> COMPOST
	Confidential? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PAM <input type="checkbox"/> SF <input type="checkbox"/> ASPS <input type="checkbox"/> PSA <input type="checkbox"/> CF <input type="checkbox"/> BAM <input type="checkbox"/> BSA <input type="checkbox"/> COMPOST
	Confidential? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PAM <input type="checkbox"/> SF <input type="checkbox"/> ASPS <input type="checkbox"/> PSA <input type="checkbox"/> CF <input type="checkbox"/> BAM <input type="checkbox"/> BSA <input type="checkbox"/> COMPOST
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