

**Maryland Department of Agriculture**  
**FERTILIZER-PESTICIDE TONNAGE REPORT**  
 SEMI-ANNUAL {Due January 31 and July 31}

**SUBMIT REPORT AND YOUR PAYMENT TO:**

**Bank Use Only: 48103 6798**

**For US Postal Service**

Maryland Department of Agriculture  
 State Chemist Section (410) 841-2721  
 P.O. Box 17304  
 Baltimore, Maryland 21297-1304

**For Commercial Shipping Service**

Maryland Dept. of Agriculture - Lockbox Services (17304)  
 Mac Y1372-045  
 401 Market Street  
 Philadelphia, PA 19106

Co. No. \_\_\_\_\_ Reg. Co. No. \_\_\_\_\_

*{Please make your check payable to MDA and retain copies for your records}*

The following is a true report of all Fertilizer distributed by this firm in the State of Maryland as required by the Maryland Commercial Fertilizer Law. Section 6-209(a) of the law requires any registrant of fertilizer-pesticides(s) to report every sale for the periods of January 1 through June 30 (due July 31) and July 1 through December 31 (due January 31) of each year.

PRODUCT NAME	GRADE	EPA PESTICIDE REGISTRATION NO.	Tons Sold	Amount Due @.25 a Ton
<b>TOTAL (from all pages)</b>				<b>\$</b>

The enclosed remittance of \$ \_\_\_\_\_ represents the full payment of Tonnage Inspection Fees due at the rate of 25 cents per ton. A check payable to the Maryland Department of Agriculture is enclosed. If the tonnage fee is not paid within 30 days after the end of the semi-annual period (June 30 and December 31) a late fee of 10% of the total due will be assessed (\$10 minimum which ever is greater). If you have more products than can be recorded on this form, please use the continuation sheet. Please enter the totals on this form.

I hereby swear (or affirm) under penalty of perjury that this is a full and correct report of the tonnage of COMMERCIAL FERTILIZER sold by this company in the State of Maryland during the period beginning:

\_\_\_\_\_ 20 \_\_\_\_ and ending \_\_\_\_\_ 20 \_\_\_\_

Firm \_\_\_\_\_  
 Street and No. \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

Signature \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

(DO NOT FILL IN BELOW THIS LINE)

Date	Account Amt.	Maker	Check No.	Date	Check Amt.

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\_\_\_\_\_  
 Company Name

PRODUCT NAME	GRADE	EPA PESTICIDE REGISTRATION NO.	TONS SOLD	AMOUNT DUE <small>@.25 a Ton</small>
<b>TOTAL OF THIS PAGE</b>				<b>\$</b>