

**MARYLAND DEPARTMENT OF AGRICULTURE**

Fertilizer-Pesticide Tonnage Report

**SEMI-ANNUAL**

Due January 31 and July 31

RETURN ONE (1) COPY TO THE ADDRESS BELOW AND RETAIN ONE COPY FOR YOUR RECORDS.

Maryland Department of Agriculture  
 State Chemist Section  
 50 Harry S. Truman Parkway  
 Annapolis MD 21401-7080  
 Telephone: (410) 841-2721  
 Fax: (410)841-2740

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

The following is a true report of all Fertilizer-Pesticide 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-pesticide(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
<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). Your cancelled draft will serve as your receipt. However, if you want a receipt, check here [ ]. 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 FERTILIZER-PESTICIDE sold by this company in the State of Maryland during the period beginning:

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

Firm \_\_\_\_\_ Signature \_\_\_\_\_  
 Street and No. \_\_\_\_\_ Title \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Date \_\_\_\_\_  
 PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

(DO NOT FILL IN BELOW THIS LINE)

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

