

**MARYLAND DEPARTMENT OF AGRICULTURE**  
 Tonnage Report  
 Agricultural Liming Materials Sold in Maryland  
**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 Liming materials and Gypsum as defined in the Maryland Agricultural Liming Materials and Gypsum Law, sold in Maryland. Section 6-306(a) of the law requires any registrant who distributes agricultural liming materials or gypsum in the State of Maryland to file by January 31 and July 31 a semi-annual statement setting forth the number of net tons of agricultural liming material or gypsum distributed in the State during the six month period ending the last day of the previous month. For example the period from January 1 through June 30 is due July 31.

BRAND	TONS SOLD	AMOUNT DUE (@.10 a ton)
B Burned or hydrated lime		
G Ground Limestone		
M Miscellaneous liming materials		
S Gypsum		
<b>TOTALS</b>		\$

The enclosed remittance of \$ \_\_\_\_\_ represents the full payment of Tonnage Inspection Fees due at the rate of 10 cents per ton. A check payable to the Maryland Department of Agriculture is enclosed. Your cancelled draft will serve as your receipt. However, if you want us to send you a receipt, check here [ ]. Failure to make an accurate statement of tonnage and pay the inspection fee is sufficient cause to cancel all registrations of the registrant.

I hereby swear (or affirm) under penalty of perjury, that this is a full and correct report of the tonnage of AGRICULTURAL LIMING MATERIAL or GYPSUM sold by this company in or into the State of Maryland during the period beginning:

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

Submitted by \_\_\_\_\_ Submitted for \_\_\_\_\_  
 Street and No. \_\_\_\_\_ Contact \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Date \_\_\_\_\_  
**PHONE** (\_\_\_\_) \_\_\_\_\_ **FAX** (\_\_\_\_) \_\_\_\_\_

(DO NOT FILL IN BELOW THIS LINE)

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