

MARYLAND DEPARTMENT OF AGRICULTURE

TELEPHONE NUMBER: 410-841-2721

FAX NUMBER: 410-841-2740

Receipt No. _____ M

REGISTRATION FOR PURE OR MIXED CULTURE OF MICRO-ORGANISM

_____ 20_____

Return two copies to:

For US Postal Service:

Maryland Department of Agriculture
P. O. Box 17304
Baltimore, MD 21297-1304

For Commercial Shipping Service:

Maryland Department of Agriculture
Attn: 17304
1000 Stewart Avenue
Glen Burnie, MD 21061

BANK USE ONLY: 14 08

Please make checks payable to: Maryland Department of Agriculture

Application is hereby made for the registration of the following _____ Micro-Organisms at \$30.00 per product or brand for a period beginning with the actual date of registration and continuing until January 31, 20____. Enclosed is a label for each product or brand. Make checks payable to the Maryland Department of Agriculture.

Name of Brand:

Time of Expiration:

Kind or Kinds of Legumes Benefitted:

Kind of Carrier Used:

Amount of Seed or Acreage Inoculated Per Package:

I hereby certify that the information appearing above is true and correct in every respect, that each and every bag, package, or parcel of the above named material will be sold under the above labeling, that such registration shall not be deemed to apply to sales of said material in said State made before or after dates above named.

Firm Name and Address Appearing on Label:

Submitted By:

Firm _____ Firm _____

Address _____ Address _____

City, State and Zip _____ City, State and Zip _____

Attention _____ Email Address _____

FAX: (____) _____ **PHONE:** (____) _____

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