



**Kansas Department of Agriculture**

Accounts Receivable and Licensing  
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**APPLICATION FOR REGISTRATION OF SOIL AMENDMENTS**

For Calendar Year of \_\_\_\_\_  
New \_\_\_\_\_ Renewal \_\_\_\_\_

**January 1- December 31**

**Required  
Non-refundable  
\$100.00 fee**

Remittance is enclosed to cover the registration fee for \_\_\_\_\_ product(s).

Complete Business Name \_\_\_\_\_ Registration# \_\_\_\_\_

Location/Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Federal Tax ID/SS Number \_\_\_\_\_ Email \_\_\_\_\_

This is to certify the following to be a true copy of the statement which will be plainly printed on the label accompanying bulk shipments, or affixed to every lot or parcel of soil amendment sold, offered, or exposed for sale in Kansas. **Current final label must be submitted with the application in searchable PDF or CD form.**

- 1. Net Weight of Contents: \_\_\_\_\_
- 2. Name of Product: \_\_\_\_\_
- 3. Purpose of Product: \_\_\_\_\_

4. Directions for Application: \_\_\_\_\_

5. Name and Address of Manufacturer or Registrant: \_\_\_\_\_

6. Liquid or Dry \_\_\_\_\_ Bulk or Bagged \_\_\_\_\_

**ACTIVE INGREDIENTS - Name of each ingredient and percent**

_____	_____	_____	_____
	%		%
_____	_____	_____	_____
	%		%
_____	_____	_____	_____
	%		%

**INERT INGREDIENTS - Name of each ingredient and percent**

_____	_____	_____	_____
	%		%
_____	_____	_____	_____
	%		%
_____	_____	_____	_____
	%		%

I hereby attest that the information in this application for registration is true, complete and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Typed/printed name of signer)

\_\_\_\_\_  
(Title)