



Kansas Department of Agriculture
Accounts Receivable and Licensing
1320 Research Park Dr.
Manhattan, KS 66502
785-564-6700

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

Table with 2 columns: Name of each ingredient and percent, and percent. Includes three rows of blank lines for data entry.

INERT INGREDIENTS - Name of each ingredient and percent

Table with 2 columns: Name of each ingredient and percent, and percent. Includes three rows of blank lines for data entry.

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

Signature _____

(Date) _____

(Typed/printed name of signer) _____

(Title) _____