LABELER NAME (APPLICANT)



Wisconsin Department of Agriculture, Trade and Consumer Protection Division of Agricultural Resource Management Bureau of Agrichemical Management Phone: (608) 224-4537

OFFICE USE ONLY					
Date Received at DATCP:					
Date Exempted:					

Fertilizer or Soil or Plant Additive Exemption Determination For Organic Crop Production

NO FEE REQUIRED

(Wis. Admin. Code §§ ATCP 40.12(2)(d) and 40.28(1)(b))

DATCPFert@wisconsin.gov

A fertilizer and/or soil and plant additive labeled solely for organic crop production meets the permit exemption if **ALL** of the following apply:

- 1. The product qualifies, or all of its ingredients qualify, under 7 CFR 205 for use in organic crop production.
- 2. The product label discloses the listing or approval under subd. 1.
- 3. The product label conspicuously states that "This product is intended for use according to an approved organic system plan."
- 4. The manufacturer or distributor makes no performance claims for the product (verbal, printed or electronic).
- 5. The product label provides use directions, including use rates and methods of application.

You will receive a copy of this form with an exemption date from the agency when the product is determined to be in compliance with requirements.

An exemption remains in effect until substantial changes are made in the product formulation, label or advertising literature or because of a loss of company license.

WI Fertilizer

30-

			and/or Soil or	30-		
			Plant Additive	65-		
			License No.	05-		
ADDRESS		CITY		STATE	ZIP	
TELEPHONE	FAX	E-MAIL A	E-MAIL ADDRESS			
()	()					
WEBSITE ADDRESS			LEGAL BUSINESS NAME (IF DIFFERENT)			
This form is for the following produ	uct: (For additional prod	ducts, copy this form	and complete one	form for each proc	duct.)	
Brand Name and Grade				Product Type:	Fertilizer	
				(circle one or both)	Soil or Plant Additive	
				or bour)	Soli of Plant Additive	
NAME OF MANUFACTURER (If other than labele	er)	WI FERT	ILIZER LICENSE NUMBE	R TELEPHONE		
		30-	ILIZER EIGENGE NOMBE	()		
		65-		()		
ADDRESS	CITY		STATE	ZIP		
Please submit the following al	long with this complet	ed form:				
A complete and legible copy and/or Soil or Plant Additive I						
Proposed labeling, including a product label. The text of any						
3. A valid and current Wisconsin Fertilizer and/or Soil or Plant Additive license number (above) or enclosure of a Wisconsin Fertilizer and/or Soil or Plant Additive License application and the appropriate license fee.						
SIGNATURE OF AUTHORIZED REPRESENTATIVE: (REQUIRED)						
NAME (print)						
NO FEE REQUIRED Mail form	and labeling to: Sta	ate of Wisconsin, D	ATCP Box 93178	Milwaukee WI 5	3293-0178	
Personal information you provide may						