

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

DATCPFert@wisconsin.gov

OFFICE USE ONLY 25900 700SE 1150073000 4600000 73000 \$

Application for Permit to Distribute Soil or Plant Additive

(Section 94.65(3), Wis. Stats, and ch. ATCP 40.28 Wis. Admin Code)

Re	ection 7 1.05(5); 11 is: Statis: and ch: 111 C1 10:20 11 is: 1	//		
	equired information:			
	A complete and legible product label that complies with all applicable provisions of Wisconsin's Soil or Plant Additives laws and rules.			
	Proposed labeling, including any advertising or promotional materials that make content or performance claims not included on the product label. The text of any non-print communication media making such claims must be printed and submitted with this application.			
	A nonrefundable \$100 permit fee, paid by check or money order in American dollars to the Department of Agriculture, Trade and Consumer Protection, is required for each product brand name and formulation.			
	A valid and current Wisconsin Soil or Plant Additive License, or a completed Wisconsin Soil or Plant Additive License Application and license fee.			
	Possession of scientific evidence that supports all product performance statements or claims, including statements in testimonials (submission is not requested as part of this application, but may be required at any future point by the Department).			
	No permit is required of a person who distributes a soil or plant additive for which a permit has been issued to a permit holder, if the person: distributes the soil or plant additive under the name of the permit holder and in the original container packaged and labeled by the permit holder; and makes no content or performance claim other than the written claim of the permit holder.			
	A permit is not required if the product is labeled according to the organic	crop production requiremer	nts of ch. ATCP 40.28(1)(b).	
LEG	AL BUSINESS NAME	BRAND NAME (IF DIFFEREN	T FROM LEGAL BUSINESS NAME)	
ADD	RESS	CITY	STATE ZIP	
DOIN	NG BUSINESS AS NAME (DBA)	WEBSITE ADDRESS		
	nended permit: Yes / No (circle one)			
*Re	equired if a permitted product has a change to the active ingredient	t contents or the recomn	nended amount or frequency of application	
Th	is application is for: (Use a separate form for additional pro-	ducts, one form for each	product.)	
PR	RODUCT NAME:	Product is derived from	n waste or by-products (Circle one) Yes No	
NAM	ME OF MANUFACTURER (If other than applicant)			
ADI	DRESS	CITY	STATE ZIP	
DE	QUIRED to indicate the method of analysis for each guaranteed ac	ativo ingradient in the se	il or plant additive. Shall be one of the	
	owing:	Suve ingredient in the so	ii or plant additive. Shall be one of the	
			in the "Official Methods of Analysis of AOAC	
	International", volume I, 17 th edition as updated by the 2 nd revision	on (2003).]	·	
Other method (approved by department):				
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	r humic substances, indicate one of the following:			
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For	r humic substances, indicate one of the following:			
For	r humic substances, indicate one of the following: Appendix B, Chapter ATCP 40 Other method (approved by department):			
For	r humic substances, indicate one of the following: Appendix B, Chapter ATCP 40 Other method (approved by department): plicant hereby certifies the following:	applied under Wiscons	in conditions according to label directions.	
For	r humic substances, indicate one of the following: Appendix B, Chapter ATCP 40 Other method (approved by department): plicant hereby certifies the following: This product is effective and useful for all labeled purposes when The statements on the product label, and in related advertising ar reliable information to substantiate all product labeling, including	nd promotional materials any claim or guarantee	s, are truthful. The applicant has relevant and related to product contents. The applicant	
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A nonrefundable fee of \$100.00 is required for each product name and formulation. A permit may not be transferred to another person.

Make \$100 check payable to: Wisconsin Department of Agriculture, Trade and Consumer Protection Mail form, labeling materials and check to: State of Wisconsin, DATCP, Box 93178, Milwaukee WI 53293-0178

Personal information you provide may be used for purposes other than that for which it was originally collected (Sec. 15.04(1)(m), Wis. Stats.)

Completion of this form is necessary to obtain a soil or plant additive permit [ss. 15.04(1)(m) and 94.65(3)(b), Wis. Stats., and ATCP 40.28(2), Wis. Admin