



Wisconsin Department of Agriculture, Trade and Consumer Protection  
 Division of Agricultural Resource Management  
 Bureau of Agrichemical Management  
 Phone: (608) 224-4537  
 Email: [DATCPFert@wisconsin.gov](mailto:DATCPFert@wisconsin.gov)

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|---|
| OFFICE USE ONLY                         |
| Permit No.                              |
| Amt Received \$                         |
| 25900 700SE 1150073000<br>4600000 70100 |

## Application for Permit to Distribute Nonagricultural or Special-Use Fertilizer

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.). (Section 94.64(3m), Wis. Stats., and ATPC 40.12, Wis. Admin. Code)

|   |  |                              |                             |   |  |  |                             |
|---|--|------------------------------|-----------------------------|---|--|--|-----------------------------|
| LEGAL BUSINESS NAME (APPLICANT):  |  |                              |                             | BRAND NAME (IF DIFFERENT THAN LEGAL BUSINESS NAME):             |  |  |                             |
| STREET ADDRESS:   |  | PO BOX:                      |                             | CITY:   |  | STATE:   | ZIP CODE:                   |
| WI Fertilizer License No.   |  | 30-                          |                             | TELEPHONE:<br>( ) -   |  | FAX:<br>( ) -  |                             |
| To receive permit electronically, enter email here:   |  |                              |                             | Website Address:  |  |  |                             |
| <b>This application is for the following product: (For additional products, copy this form and complete for each <i>mixed fertilizer</i> containing less than a total of 24% N + P + K.)</b>  |  |                              |                             |   |  |  |                             |
| Product Name:   |  | Grade:                       |                             | (Check one)   |  | <input type="checkbox"/> Special Agricultural Use <input type="checkbox"/> Nonagricultural |                             |
| STREET ADDRESS:   |  | PO BOX:                      |                             | CITY:   |  | STATE:   | ZIP CODE:                   |
| Is this product a pesticide/fertilizer combination product?   |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, is this product registered as a pesticide in Wisconsin? |  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| Is this product derived from waste or by-products? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                              |                             |   |  |  |                             |
| <b>Requirements to complete this application for each mixed fertilizer containing less than a total of 24% N + P + K:</b>   |  |                              |                             |   |  |  |                             |
| <input type="checkbox"/> A complete and legible copy of your product label in its final form that complies with all applicable provisions of Wisconsin's Fertilizer laws and rules (Section 94.64, Wis. Stats., and Chapter ATPC 40, Wis. Admin. Code). <b>Permits are issued in the order in which the <u>complete</u>, <u>legible</u>, and <u>compliant</u> labels are received, not the application form.</b>  |  |                              |                             |   |  |  |                             |
| <input type="checkbox"/> 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.   |  |                              |                             |   |  |  |                             |
| <input type="checkbox"/> A nonrefundable \$25 permit fee, paid by check or money order in United States dollars to the Wisconsin Department of Agriculture, Trade and Consumer Protection, is required for each product.  |  |                              |                             |   |  |  |                             |
| <input type="checkbox"/> A valid and current Wisconsin Fertilizer License, or enclosure of a Wisconsin Fertilizer License application and the appropriate license fee.  |  |                              |                             |   |  |  |                             |
| <input type="checkbox"/> This completed application (one for each mixed fertilizer containing less than a total of 24% N + P + K), including the certification below signed by an authorized representative of the applicant.   |  |                              |                             |   |  |  |                             |
| <input type="checkbox"/> Possession of scientific evidence that supports all product performance statements or claims, including statements in testimonials. (Submission of this information is not requested as part of this application but may be required at any future point by the Department).   |  |                              |                             |   |  |  |                             |
| Applicant hereby certifies the following:   |  |                              |                             |   |  |  |                             |
| <ul style="list-style-type: none"> <li>When applied for its labeled purposes and according to its label directions, this fertilizer provides available nutrients in amounts that are efficacious and useful under Wisconsin conditions. Except as otherwise specifically disclosed on the product label, use according to label directions provides annual nutrient amounts that equal or exceed annual plant nutrient needs.</li> <li>The statements on this fertilizer label, and in related advertising and promotional materials, are truthful. The applicant has relevant and reliable information to substantiate all product labeling, including any claim or guarantee related to product contents. The applicant has relevant scientific evidence to substantiate all express and implied performance claims.</li> </ul> |  |                              |                             |   |  |  |                             |
| This fertilizer product and its labeling comply with ch. ATPC 40, Wis. Admin. Code.   |  |                              |                             |   |  |  |                             |
| Signature:  |  |                              |                             | Date:   |  |  |                             |
| Name (print):   |  |                              |                             | Title:  |  |  |                             |
| Email Address:  |  |                              |                             | Phone Number:   |  |  |                             |
| A nonrefundable fee of \$25.00 is required for each product name and formulation. A permit may not be transferred to another person. Completion of this form is necessary to obtain a permit to distribute a nonagricultural or special-use fertilizer [ss. 15.04(1)(m) and 94.64(3m)(b), Wis. Stats., and ATPC 40.12(3), Wis. Admin. Code].  |  |                              |                             |   |  |  |                             |
| <b>Make \$25 check payable to: DATCP</b><br><b>Mail form, labeling material and check to: DATCP, Box 93178, Milwaukee, WI 53293-3178</b>  |  |                              |                             |   |  |  |                             |