



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)

<b>OFFICE USE ONLY:</b>
Date Received at DATCP:
Date Exempted:

## Fertilizer or Soil or Plant Additive Exemption Determination for Organic Crop Production

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 required to distribute a fertilizer or a soil or plant additive product labeled solely for organic crop production (Sec. 15.04(1)(m), Wis. Stats.).

### NO FEE REQUIRED

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

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.

LABELER NAME (APPLICANT):		<b>WI FERTILIZER AND/OR SOIL OR PLANT ADDITIVE LICENSE NO.:</b>	
		30-	65-
ADDRESS:		CITY:	STATE: ZIP:
TELEPHONE: ( ) -	FAX: ( ) -	EMAIL ADDRESS:	
WEBSITE ADDRESS:		LEGAL BUSINESS NAME (if different):	

**This form is for the following product (for additional products, copy this form and complete one form for each product)**

BRAND NAME AND GRADE:	Product Type (check all that apply): <input type="checkbox"/> Fertilizer <input type="checkbox"/> Soil or Plant Additive		
NAME OF MANUFACTURER (if other than labeler):	WI FERTILIZER LICENSE NUMBER: 30- 65-	TELEPHONE: ( ) -	
ADDRESS:	CITY:	STATE:	ZIP:

Please submit the following along with this completed form:

1. A complete and legible copy of your product label in its final form, that complies with all applicable provisions of Wisconsin's Fertilizer and/or Soil or Plant Additive laws and rules (Sec. 94.64, 94.65, Wis. Stats., and Ch. ATCP 40, Wis. Adm. Code).
2. 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.
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):	DATE:
NAME (PRINTED):	TITLE:

**MAIL this form and labeling to (NO FEE REQUIRED):**

DATCP  
 PO Box 93178  
 Milwaukee, WI 53293-3178