

Bureau of Agricultural Products Inspection

State Fairgrounds • P.O. Box 19281 • Springfield, IL 62794-9281 • 217/782-3817 • TDD 217/524-6858 • Fax 217/524-7801

Dear Fertilizer Registrant:

Please return the completed Application for Certificate of Free Sale with a current label for the product that is being requested. The label will be reviewed prior to the issuance of the Certificate.

The Application for Certificate of Free Sale and the label can be mailed along with the payment to:

Illinois Department of Agriculture Bureau of Agricultural Products Inspection State Fairgrounds P.O. Box 19281 Springfield, IL 62794-9281 Illinois Department of Agriculture Bureau of Agricultural Products Inspection State Fairgrounds 801 E. Sangamon Avenue Springfield, IL 62702

The product(s) will be listed on the Certificate of Free Sale as they are registered with the State of Illinois.

Please complete a separate application for each Certificate of Free Sale. Multiple products may be listed on one Certificate.

There is a \$20.00 fee for each Certificate of Free Sale.

Certificates will be mailed via USPS unless otherwise requested. Please include your FedEx account number on the application or a return label for UPS if either of these options is your preferred method of receipt.

If you have any questions, please call the Bureau of Agricultural Products Inspection at 217-782-3817.

ILLINOIS DEPARTMENT OF AGRICULTURE BUREAU OF AGRICULTURAL PRODUCTS INSPECTION

Jeff Squibb Bureau Chief

ILLINOIS DEPARTMENT OF AGRICULTURE APPLICATION FOR CERTIFICATE OF FREE SALE FERTILIZER DIVISION

(Only one certificate will be issued per completed application)

Please submit a product label for each product that is to be listed on the certificate and the \$20.00 for for each certificate with this application

USAPlant Pin ID:	Country Shipping To:				Date:	
Illinois Facility:						
Business Name:			Phone:			
Address						
City:		State:		Zip:		
Application Submitted By	:					
Name:			Title:			
Address:						
City:		State:		Zip:		
Phone:	Email:				•	
Corporate Headquarters (this is the address that will appear	on the certifi	icate)			
Business Name:						
Address:						
City:		State:		Zip:		
Contact:			Phone:			_
Product Number	Product Name (note-product nan	ne will appea	r on certifica	ate as it is reg	gistered with	IDoA)
						-
						-
						,
Mailing Instructions						
	FedEx (Include Acct. #)		IIDS (Dro-na	id shipping la	ahel must he	included)
Business Name:	TOULA (IIICIAGE ACCL. #)		Contact:	III 3111PHILIE IO	uber must be	. meiadeaj
Phone:	Ext.:		Email:			
Address:	EXI		LIIIall.	1		
Audi ess.						
City:		State:		Zip:		
CILY.		Jiaie.	I	Į∠IŲ.		