

Soil Amendment Application

Fee: **\$250.00 per Product** (Non-Refundable)

Illinois Department of Agriculture
 Bureau of Agricultural Products Inspection
 State Fairgrounds
 P.O. Box 19281
 Springfield, IL 62794-9281 (217) 782-3817 TTY: (217) 524-6858
 www.agr.state.il.us

Check# _____	Total Amount\$ _____	Office Use
Amount\$ _____ RC 135	Amount\$ _____ RC 137	Registration# _____ Approved _____ Denied _____
Business Name: _____ Contact Person: _____		
Physical Address: _____		
City: _____ State: _____ Zip code: _____		
Mailing Address: _____		
City: _____ State: _____ Zip code: _____		
FEIN # : _____ Telephone #: _____ Fax#: _____		
E-Mail Address: _____		

Product Name: _____

Registration: (Check)

(a) New: Revised:

(b) Soil Amendment Soil Amendment/Fertilizer

A soil amendment-fertilizer combination shall also require fertilizer registration and be labeled in accordance with both the Soil Amendment Act and the Illinois Fertilizer Act of 1961.

Composition of the Product *Attach additional applications if necessary for more ingredients.*

Active Ingredients (Soil Amending)			Other Ingredients (Non-Soil Amending)	
Name of Ingredient	Concentration		Name of Ingredient	Concentration
1.			1.	
2.			2.	
3.			3.	
4.			4.	
5.			5.	
6.			6.	
7.			7.	
8.			8.	

Name of manufacturer if different than registrant:	Analytical procedure(s) to determine the active ingredient(s): If an AOAC procedure number cannot be referenced, the actual step by step laboratory procedure must accompany the registration.
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I hereby certify that if registration is granted under this application, I agree to conform and conduct my business in accordance with the provisions set forth in the Illinois Soil Amendment Act and its rules and the regulations pursuant thereto and that all information contained herein is true and accurate to the best of my knowledge.

 (Print or type name of authorized representative)

 (Signature of authorized representative)

 (Date)