



AGRICULTURAL LIME PRODUCT REGISTRATION FORM

REGISTRANT INFORMATION

Are you a new company to Massachusetts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of firm:		
Address:		
Mailing Address (if Different):		
Phone Number:		
Email of Registrant:		

Printed Name of Authorized Representative:	Title:
Signature of Authorized Representative:	Date:

Instructions: 1. Print form, complete and submit in duplicate 2. Please include copies of product labels 3. Make checks payable to Commonwealth of Massachusetts 4. Please use correct address depending on shipping method, listed to the right. 5. Please remember to Include an Email of the registrant	VIA U.S. MAIL COMMONWEALTH OF MASSACHUSETTS P.O. BOX 417103 Boston, MA 02241-417103	VIA OVERNIGHT MAIL/COURIER SERVICE: BANK OF AMERICA LOCKBOX COMMONWEALTH OF MASS - LOCKBOX 417103 MA5-527-02/07 2 MORRISSEY BLVD. DORCHESTER, MA 02125
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LIME PRODUCT NAME	Guaranteed Analysis			
	Total Ca	Total Mg	Min CCE	Min ENV

Check box if second page listing products is included

Enclosed is a fee of \$ _____ covering the registration of _____ product(s) at \$100 per product.

DEPARTMENT USE ONLY

This certifies that the above name applicant is hereby licensed to sell the above brands of Agricultural Liming Product in the state of Massachusetts for the period ending December 31, _____ when sold, offered or exposed for sale under the brand name, guaranteed analysis and declarations of ingredients exactly as they appear on the enclosed labels.

Date: _____ Signature: _____

