

IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP
APPLICATION FOR **FERTILIZER DRY BULK ANIMAL NUTRIENT LICENSE**

A person who distributes a bulk dry animal nutrient product in Iowa must first obtain a license from the Secretary of Agriculture and shall pay a **\$20.00 license fee**. Such license fee shall be paid annually on July 1 of each year. Make check payable to *Secretary of Agriculture*.

Mailing By:

Company Name: _____

Contact Name: _____

Location Address: _____

Location City: _____

State & Zip Code: _____

County Name or #: _____

Facility For:

Company Name: _____

Mailing Address: _____

Mailing City: _____

Mailing State & Zip: _____

Email: _____

If you are doing business under a new name due to a merger, buyout or other business transaction, please list previous name and fertilizer license number:

Iowa Dept. of Agriculture & Land
Stewardship
Attn: Fertilizer Bureau
Wallace Building 502 E 9th St.
Des Moines, IA 50319
Tel: 515-281-8597 Fax: 515-281-8888

PLEASE CHECK ONLY ONE: If you are both a producer and a distributor, you are not eligible for this program and you will be required to file a manure management plan with the Department of Natural Resources.

_____ **Producer** (Person who owns production facility) If this option is checked this application must be accompanied by a product registration application and a laboratory analysis of the product.

_____ **Distributor** (Person who applies product to agricultural land)

Name and Title of applicant – Please Print

Signature and Date

IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

DRY BULK ANIMAL NUTRIENT DISTRIBUTION STATEMENT

(TO BE KEPT ON FILE AT PRODUCER'S FACILITY) DO NOT SEND TO THE FEED AND FERTILIZER BUREAU

Before transferring possession of a bulk product, the distributor shall present the purchaser with this acknowledgment for the purchaser's signature or initials indicating that the purchaser has read the distribution statement and understands the number of acres required to apply the product according to the information in the distribution statement.

Purchaser name and address:

GUARANTEED ANALYSIS:

Total Nitrogen (N) _____

Available Phosphate (P) of P₂O₅ or both _____

Soluble Potassium (K) or K₂O or both _____

Total number of tons purchased: _____

COUNTY

MINIMUM NUMBER OF ACRES REQUIRED*

WARNING: Application of this product should not exceed a rate which provides the nitrogen necessary to obtain optimum crop yields for the crop being grown based on recommended crop nitrogen use rate factors. This restriction applies for all crop years in which nitrogen from the applied product will be available for crop use.

* Acreage calculation is based on a per acre application rate that will supply the total nitrogen needed to produce a corn crop with a yield equal to the average corn yield for the county in which application is planned. Calculation assumes 60% of the applied nitrogen is available in the first crop year following application and takes into account application losses.

I have read and understand the information contained in this distribution statement including the minimum number of acres required for proper application of this product.

Purchaser Signature

Date

IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP
APPLICATION FOR **REGISTRATION OF DRY BULK ANIMAL NUTRIENTS**

To be submitted by producer of animal nutrients

Mailing By:

Company Name: _____

Contact Name: _____

Location Address: _____

Location City: _____

State & Zip Code: _____

Location County: _____

Facility For:

Company Name: _____

Mailing Address: _____

Mailing City: _____

Mailing State & Zip: _____

Email: _____

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I certify that we are responsible for marketing the following dry bulk animal nutrients to a distributor labeled as per attached laboratory analysis and we wish to register the same to be distributed in the State of Iowa in compliance with Chapter 200A, Code of Iowa

Shown Below Are the Dry Bulk Animal Nutrient Grades We Offer For Sale in Iowa:

	Nitrogen	Phosphorus	Potash	Micro-Nutrients (if claimed)
Grade	_____	_____	_____	_____
Grade	_____	_____	_____	_____
Grade	_____	_____	_____	_____

Name and Title of applicant – Please Print

(Signature and Date)

Telephone: _____

Approved: _____
(State Use Only)

Date: _____
(State Use Only)