

MISSISSIPPI REGISTRATION FOR NEW SOIL OR PLANT AMENDMENT PRODUCT

INSTRUCTIONS:

1. Submit application along with **1 label** for each product to be registered
2. **Pay registration fees (due for EACH PRODUCT)**
 - \$25.00 for products sold in 10lbs or greater packaging;
 - \$75.00 for material sold in packages of 10lbs or less or one gallon or less;
 - OR \$75.00 for products sold in both weight categories.

For online registration: access https://www.ms.gov/mdac/registration_suite

_____ **PERMIT #**

MAIL TO:
BUREAU OF PLANT INDUSTRY
P.O. BOX 5207
MISSISSIPPI STATE, MS 39762

This application is hereby made for the registration in the State of Mississippi of a brand of Soil or Plant Amendment materials under a label* and guarantee of which the following is an EXACT copy:

Guarantor: _____

Address: _____

Telephone: _____

Email Address: _____ Contact Person: _____

Brand Name AND Product Number/SKU, if known: _____

_____ Sold only in 10 pounds and less packages or one gallon and less.

_____ Sold in packages greater than 10 pounds or greater than one gallon

Net Wt. of Package: _____

Amending Ingredients: (List)

Guaranteed:

_____ PERCENT

_____ PERCENT

_____ PERCENT

_____ PERCENT

_____ PERCENT

_____ PERCENT

Inert Ingredients: (List)

_____ PERCENT

_____ PERCENT

***Submit one actual label in pdf format for each Soil and Plant Amendment Product registered. Email labels to bpiffisp@mdac.ms.gov or mail on CD or thumb drive**

State of _____, County of _____

For the county and state named, and, after being sworn, affirms that the foregoing is a true and correct statement of the registration and guaranteed analysis of the Soil or Plant Amendment material named, as required by law, and that each and every package or bulk shipment will be labeled as shown, except that the net weight will be declared and that the commodity so registered and guaranteed will be sold in accordance with the provisions of the Mississippi Soil and Plant Amendment Law and that this registration and guaranty is made for and on behalf of:

_____, Location _____

 Name of Firm

 Name and Official Position of Executive Signing

 Date