



State of Connecticut Department of Agriculture

450 Columbus Boulevard, Suite 702, Hartford, CT 06103
(860) 713-2512

CT Registration # FTR - _____

☐ New Registration

☐ Add New Products

To existing registration

Registration Expiration: 06/30/26

COMMERCIAL FERTILIZER REGISTRATION APPLICATION

Application is hereby made in accordance with and subject to the provisions of the Connecticut General Statutes Sections 22-111a through 22-111q, for registration of commercial fertilizer. All registrations shall expire on June thirtieth of each year. The registration renewal period shall be from July 1st through June 30th following inclusive. Submitted as part of this application is (1) label (or facsimile of proposed label) for each new or revised product. Payment of registration fee of seventy five dollars for each brand and grade listed on this application must accompany this application. Incomplete applications and submitted payment will be returned. Please allow at least 2 weeks for processing.

Registration Number FTR - _____	Federal Employer Identification Number	or	Social Security Number
Business Type (Complete one)			
<input type="radio"/> Sole Proprietor - Owner Name _____	<input type="radio"/> Partnership - Principal Partner Name _____	<input type="radio"/> Corporation - President Name _____	<input type="radio"/> LLC - Principal Member Name _____

Registrant Name		
Registrant Mailing Address		
Registrant City	State	Zip
Registrant Telephone Number		
Registrant Email Address		

If you are registering on behalf of another company, list that contact information here		
Company Name		
Company Address		
Company City	State	Zip
Company Telephone Number		

LIST ONLY NEW PRODUCTS		Total	Avail	Solu													
BRAND NAME	PRODUCT NAME	N	Phos. P ₂ O ₅	Potas. K ₂ O	Ca	Mg	Sul	B	Co	Mo	Cl	Cu	Fe	Mn	Na	Zn	

I hereby certify that: 1) The information appearing on the labels or facsimiles for these products is true and correct in every respect; and 2) The application is made for and in behalf of the named company above.

(Printed Name of Applicant)

(Signature of Applicant)

(Title)

(Date)

THIS AREA FOR OFFICE USE ONLY

Amount Received \$ _____

Check # _____

Date Processed _____

Please return: **1)** Completed application, **2)** Legible paper label for each product, **3)** Check payable to CT Department of Agriculture for new product registration fee

MAIL TO: CT Department of Agriculture, Attn: Licensing, 450 Columbus Boulevard, Suite 702, Hartford, CT 06103