



Office of
INDIANA STATE CHEMIST AND SEED COMMISSIONER

Protecting Indiana's Agriculture and Environment - Feed, Fertilizer, Pesticide and Seed

Mark R. LeBlanc, Ph.D.
State Chemist &
Seed Commissioner

Purdue University • 175 South University Street
West Lafayette, IN 47907-2063
Telephone (765) 494-1492 • Facsimile (765) 494-4331
www.oisc.purdue.edu

FERTILIZER PRODUCTS CONTAINING CULTURES OF MICROORGANISMS

NOTE: One Application per Product

Indiana Commercial Fertilizer Law states; IC 15-16-2-31(i) Additional plant food elements or other additives that are determinable by chemical methods may be guaranteed only by permission of the state chemist.

Application is hereby made to sell, offer or expose for sale, advertise for sale a fertilizer materials containing pure or mixed cultures of microorganisms within the State of Indiana for the registration period ending June 30, _____. I submit the following true and correct statements in regard to such product.

Name of Product: _____

What functional classification of microorganism would you describe this product to be? (inoculant, biofertilizer, biofungicide, biostimulant, etc)?

Name or name(s) of substrate types or plants with which product is to be used:

Active Ingredients of Product:

Genus	Species	Guaranteed CFU of micro-organisms	Carrier (if not *CBI)

Are there Official Methods of Analysis (AOAC) methods in common use for testing efficacy of this product? Yes _____ No _____

If methods of analysis are not generally available, are they declared by applicant as confidential business information? Yes _____ No _____

Please include the reference to an approved AOAC method, or other published method, or a copy of your non-CBI method of analysis for this product.

What is the expected shelf life of the product in original containers, beginning with production distribution date? _____

What is the expected duration of efficacy of product after application to soil, seed or plant? _____

What, if any, temperature ranges must be maintained to keep this product viable (cold-hot °F)?

Are there special handling (shipping, shelf storage, warehousing) requirements for temperature and humidity or safety equipment required (PPE)? Yes _____ No _____

If so, what? _____

What other information about your product do you want OISC to know before registering it in Indiana?

Manufacturer's Name: _____

As the signatory for the registrant, are you an independent consultant, employee or other fiduciary agent with the manufacturing company? Independent Consultant ____ Employee ____ Other ____

I hereby certify the above statements to be true and correct.

Signature: _____

Title: _____

Corporate Address: _____

Having responsibility for their product

City: _____

State: _____ **Zip Code:** _____

E-mail Address: _____

Fax Number: _____ **Phone Number:** _____

Please submit a complete copy of the product label and supporting copies of efficacy data along with this registration form. No product will be registered without this accompanying information.

**Confidential Business Information*

For OISC Use Only:

Brand ID: _____ **Date Received:** _____ **Date Filed:** _____