



REGISTRATION OF BULK STORAGE FACILITIES OF FERTILIZER

FACILITY INFORMATION: Make any necessary corrections and please print clearly.

(Check one) Type: ___ Dealership ___ Farmer ___ Lawncare ___ Manufacturer ___ Seed Co. ___ Terminal ___ Warehouse

Facility/Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____

County: _____ (County where facility is located).

Owner/Manager: _____ Phone: _____

E-mail Address: _____

COMMUNICATION INFORMATION: Complete this section if communication (mailings) with the State Chemist is to take place with an individual or company, rather than directly with the facility/name listed above.

Name/Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Phone: _____

E-mail Address: _____

STORAGE CAPACITY: Please indicate the count and maximum capacity (size) of all storage units which have capacities greater than the amount specified for each storage type (e.g. 2 fertilizer tanks with capacities of 5,000 gallons each: 2@ 5,000).

Do NOT list current INVENTORY levels of quantities.

Liquid Fertilizer
> 2,500 gallons

Dry Bulk Fertilizer
> 12 tons

___ gal

___ gal

___ gal

___ tons

TOTALS:

___ gal

___ tons

Per requirements of Rule 9 Storage Facility Location Registry of the Indiana Commercial Fertilizer Laws, this notification is made of bulk fertilizer facilities.

Name: _____ (Please print if different from owner/manager)

Signature: _____ Date: _____

Send completed form to: Office of Indiana State Chemist
175 S. University Street
West Lafayette, IN 47907-2063
Fax: 765-494-4331