



Office of
INDIANA STATE CHEMIST AND SEED COMMISSIONER

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

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

FOR RENEWALS:

Registrant Name:	
Account #	Brand #

NOTE: This form may be e-mailed to: seedlab@purdue.edu or faxed to: 765-496-3967

**REGISTRATION OF CULTURES OF MICROORGANISMS
OR MATERIALS USED FOR PROMOTING PLANT GROWTH**

NOTE: One Application per Product

Application is hereby made for a permit to sell, offer or expose for sale, advertise for sale within the State of Indiana or to persons within the State of Indiana, during the calendar year _____, pure or mixed cultures of microorganisms or other plant growth substances in compliance with Sale and Transfer of Plant Cultures IC 15-15-2. I submit the following true and correct statements in regard to such product and the required registration fee of \$25/product. (Check made payable to: Indiana State Chemist)

1. **Registrant Company Name:** _____

2. **Name of Product:** _____

a. What functional classification of micro-organism would you describe this product to be? (inoculant, biofertilizer, biofungicide, biostimulant, etc)?

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

3. **Active Ingredients of Product:**

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

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

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

- c. 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.
- d. What is the expected shelf life of the product in original containers, beginning with production distribution date?

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

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

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

If so, what? _____
- h. What other information about your product do you want OISC to know before registering it in Indiana?

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: _____ **Printed Name:** _____

Title: _____

Corporate Address: _____
Having responsibility for their product

City: _____

State: _____ **Zip Code:** _____

E-mail Address: _____

Telephone Number: _____ **Fax Number:** _____

Please submit a complete copy of the product label and supporting copies of efficacy data along with this registration form, including the \$25 registration fee per product. No product will be registered without this accompanying information.

**Confidential Business Information*

<i>For OISC Use Only:</i>		
Brand ID: _____	Date Received: _____	Date Filed: _____