



APPLICATION TO APPLY LEGUME INOCULANT

FOR DIVISION USE ONLY:

FILE NUMBER:
FEE:
ISSUE DATE:
COUNTY:

APPLICANT INFORMATION:

Applicant Name:
Applicant Address:
City, State, Zip:
County: Telephone:
E-Mail Address: Fax Number:
Website URL:

INOCULANT INFORMATION:

Name of crops for which the inoculant is applied:

Manufacturer's Name for each inoculant brand:

Process or technique used to apply inoculant to seed:

The undersigned agrees to the following:

- 1. To complete and return each individual registration with \$5.00 application fee per individual registration.
2. To make Check or Money Order payable to Ohio Department of Agriculture. One check may be written with all locations combined.
3. 907.30 (B) (RC) The legume inoculator shall keep for a period of eighteen months, records which shall include complete data concerning the sources and lot numbers of the inoculant material used, the rate and date of application and the lot identity by owner and lot number, if any, of the seed to which the material was applied.

I certify that all information provided on this application is correct to the best of my knowledge.

Signature of Applicant Date

Printed Name Title