



Department of Agriculture

Governor John R. Kasich • Lt. Governor Mary Taylor
Director James Zehringer

Division of Plant Health - Grain, Feed & Seed Program
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LEGUME INOCULANT REGISTRATION

APPLICANT INFORMATION:

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

INOCULANT INFORMATION:

Name of Inoculant Brand:
Medium Used To Market Inoculant:
Plant(s) Inoculant Effective On:

Check Appropriate Category(ies)
[] Manufacturer [] Distributor
Registration and Inspection Fee
See #5 Below
\$50.00

The undersigned agrees to the following:

- 1. To attach copy of inoculant label to each registration.
2. To use additional registration forms if more than one brand is registered.
3. To enclose the fee for each brand of inoculant.
4. To make Check or Money Order payable to Ohio Department of Agriculture.
5. All registrants shall submit their application and pay annually prior to the first day of January, \$50.00 per brand.

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

Signature of Applicant

Date

Printed Name