

Washington State Department of Agriculture
Pesticide Management Division
PO Box 42560 Olympia, WA 98504-2560
Telephone (360) 902-2025 FAX (360) 902-2093

## COMMERCIAL FERTILIZER INSPECTION FEE LIABILITY STATEMENT

|              | ·   | e due. <b>This statement must be</b>   |
|--------------|---|--|
|              | or lime during each six-month property the commercial fertilizer, fee annually at the end of the s  | chan 100 tons of commercial fertilizer period and requests permission to vilime tonnage and pay the inspection second half (June 30) of each fiscal (1), Washington Commercial Fertilizer anage subject to inspection is |
|              | CERTIFICATION  I certify that the above information is correct and accept the responsibility to notify the Department if the reporting status indicated above changes for this company at any time in the future. |  |
| Firm name: _ |   | By (please print):   |
| Address:     |   | Signature:   |
|              |   | Title:   |

Signed this \_\_\_\_\_, 19\_\_\_\_