

QUARTER ____
REPORTING PERIOD: _____ through _____

DELINQUENT AFTER: _____

FIRM ID:

LICENSE ID:

MAKE CHECK PAYABLE TO:
CDFA-419
AND MAIL WITH THE ORIGINAL TO:
CDFA, ISD, FFLDRS, FLD
P.O. BOX 942875
SACRAMENTO, CALIFORNIA 94271-2875

If 'Out of Business', Certify Here, and enter telephone number and date at the bottom of the page.

This is to certify that as of _____ (date) we are no longer doing business in California.

Printed Name of Owner or President

Signature of Owner or President

For bulk fertilizing materials, the assessment shall be paid by the last licensee; for packaged materials, the assessment shall be paid by the licensee whose name appears on the label as manufacturer or label guarantor.

Any registered Organic Input Material products should be reported under Organic Input Materials (OIM) (Page 2).

The payment required by California Food and Agricultural Code, Sections 14611 and 14613 shall be made quarterly by April 30, July 31, October 31, and January 31, of each year. For any delinquency, add a penalty of 15 percent of the total assessment due. Any delinquency more than 90 days past due is a cause for cancellation of the license.

Dollar sales of fertilizing materials made during the quarter (If no reportable dollar sales were made during the quarter, mark "NONE"):

NONE, no reportable dollar sales.

Conventional Fertilizing Materials

- (1) Commercial Fertilizer Sales \$ _____
- (2) Agricultural Mineral Sales \$ _____
- (3) Auxiliary Soil and Plant Substance Sales \$ _____
- (4) Packaged Soil Amendments Sales \$ _____
- (5) Specialty Fertilizer Sales \$ _____

Total Conventional Dollar Sales (Add lines 1 through 5) \$ _____

Total Conventional Mill Assessment Due (total sales x 0.0025) \$ _____

Organic Input Materials (OIM)

(1) Organic Commercial Fertilizer Sales	\$	_____
(2) Organic Agricultural Mineral Sales	\$	_____
(3) Organic Auxiliary Soil and Plant Substance Sales	\$	_____
(4) Organic Soil Amendments Sales	\$	_____
(5) Organic Specialty Fertilizer Sales	\$	_____
Total OIM Dollar Sales (Add lines 1 through 5)	\$	_____
Total OIM Mill Assessment Due (total sales x 0.0025)	\$	_____
Penalty (x 0.15 of total mill assessment due)	\$	_____
Total Amount Due (Conventional + OIM + Penalty)	\$	<input type="text"/>

Sign and mail original with proper remittance to the address on page 1.

I Certify That the Information Contained in This Application is True and Correct

_____	_____
Printed Name of Authorized Representative	Official Title
_____	_____
Signature of Authorized Representative	Date
	(____) _____
	Telephone Number