

**Incomplete applications cannot be processed and will be returned.  
Be sure to fill out all fields.**

**1. FIRM INFORMATION**

\_\_\_\_\_  
Firm Name (Doing Business As)

\_\_\_\_\_  
Street Number City/Town State Postal Code County

\_\_\_\_\_  
Phone # Fax # Federal Identification Number

\_\_\_\_\_  
Website Address

\_\_\_\_\_  
First & Last Name of Registered Agent, Responsible Party or Legal Representative

\_\_\_\_\_  
Email Address Primary Phone Cell/Secondary Phone

**2. LICENSE INFORMATION**

**Each plant and business location requires a Fertilizing Materials License.**

Refer to Section 14591(a) of the California Food and Agricultural Code

**Location of plant or business to be licensed** \_\_\_\_\_  
Country

\_\_\_\_\_  
Street Number City/Town State/Territory Postal Code County

**Please check one:**

- Individual       Partnership       Co Partnership  
 Limited Liability Company (LLC.)       Corporation       Other

**Mailing Address** – if different from license location information above:

\_\_\_\_\_  
Street Number City/Town County

\_\_\_\_\_  
State/Territory Postal Code Country

**Manager/Emergency Contact** \_\_\_\_\_  
First & Last Name

\_\_\_\_\_  
Email Address Primary Phone Cell/Secondary Phone

**FERTILIZING MATERIALS  
LICENSE APPLICATION**

513-020 (Rev. 12/2024)

**Please check ALL that may apply:**

- |  |                                       |                                    |
|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Bulk Distributor                          | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Guarantor |
| Do you manufacture, store, or distribute ≥33% ammonium nitrate?    | <input type="checkbox"/> Yes          | <input type="checkbox"/> No        |
| Do you manufacture, store, or distribute compost at this facility? | <input type="checkbox"/> Yes          | <input type="checkbox"/> No        |

**Check ONE box only to indicate the fertilizing material(s) you manufacture, produce, or distribute at this facility:**

- |   |  |                               |
|---|--|-------------------------------|
| <input type="checkbox"/> Organic input material | <input type="checkbox"/> Conventional fertilizer | <input type="checkbox"/> Both |
|---|--|-------------------------------|

Type of fertilizing materials (Please check ALL that may apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Organic input material | <input type="checkbox"/> Specialty fertilizer  | <input type="checkbox"/> Beneficial Substance |
| <input type="checkbox"/> Agricultural mineral   | <input type="checkbox"/> Commercial fertilizer |   |

**3. NAME AND TITLE of company representative responsible for compliance with fertilizing materials laws and regulations**

First Name	Middle Initial	Last Name	Title
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**By submitting this application for a fertilizing materials license, I acknowledge that the following information from this record is placed in the public domain: licensed firm name, firm id, and licensed location address.**

4.  I certify that the information contained in this application is true and correct.

Signature of Authorized Representative

Date

Type or clearly print name

**The fee for a Fertilizing Materials License is one hundred dollars (\$100.00).**

**Make check payable to:**

CDFA-419

**And submit with a completed and signed application to:**

CDFA, ISD, FFLDRS, FMIP  
P.O. BOX 942875  
SACRAMENTO, CA 94271-2875

DEPARTMENT USE ONLY
RC Number
RC Date
Fee \$
Penalty\$

**DO NOT SEND COIN OR CURRENCY**

**Carefully review to be certain all fields have been completed.  
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