

**REQUEST FOR SOIL AMMENDMENT REGISTRATION
STATE OF SOUTH CAROLINA
JULY 1, 20__ TO JUNE 30, 20__**

You are hereby requested to register for sale and distribution in the State of South Carolina the product listed below.

Brand Name: _____

Name	Percent
Active Ingredient: _____	

	Total

Inactive Name	Percent
Ingredients _____	

	Total

Size of Package: _____

Manufacturer:
Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Email : _____

Registration Fee: \$100/ per product
Make check payable to :

Department of Plant Industry
511 Westinghouse Rd.
Pendleton, SC 29670
864-646-2140

Complete next page.

Registration expires: _____

Purpose or benefits of product:

Directions for use:

Cite research data supporting claims:

Enclosed proposed labels and labeling

Signed: _____

Title: _____

