

FPR

Oregon Department of Agriculture
Pesticides Division
(503) 986-4635

Form date 11/11



Fertilizer Product Registration (FPR) Application Form

Company Name _____
 Contact Name _____
 Mailing Address _____
 City, State, Zip, Country _____
 Phone _____ Fax _____
 Email _____
 Physical Address _____
 City, State, Zip, Country _____

Registration #
 AG-R _____ FPR

Registration Fee Schedule
 Number of Products
 X \$25.00 Each \$ _____
 Product Evaluation
 Fee: Number of Waste
 Derived Products
 X \$50.00 Each \$ _____
 ~~~~~  
**TOTAL FEE DUE** \$ \_\_\_\_\_

| Item | Brand and Product Name*<br>(Include Product Grade N-P <sub>2</sub> O <sub>5</sub> -K <sub>2</sub> O) | Waste Derived<br>Ingredient(s)**?                        |
|------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1    |                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2    |                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3    |                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4    |                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5    |                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

\*LIST ADDITIONAL PRODUCTS ON THE REVERSE SIDE OF THIS FORM AND/OR ADDITIONAL PAGES  
 \*\*If the product contains waste derived ingredients, then complete the waste derived information on the reverse side of this form.

**FOR EACH PRODUCT SUBMITTED FOR REGISTRATION INCLUDE A PRODUCT LABEL AND HEAVY METALS LABORATORY ANALYSIS WITH THIS APPLICATION**

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

|                                                                                                                                                            |                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For Checks or Money Orders, mail to:<br><b>Oregon Dept. of Agriculture</b><br>P.O. Box 4395 Unit 16<br>Portland, OR 97208-4395                             | For Credit Card Charges, complete below and mail or fax to:<br><b>Oregon Dept. of Agriculture</b> <b>Secure Fax: (503) 986-4746</b><br>635 Capitol St. NE<br>Salem, OR 97301-2532 <b>Visa or MasterCard Accepted</b> |
| Make checks payable to: Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701 |                                                                                                                                                                                                                      |
| Name of Cardholder: _____ Phone: _____                                                                                                                     |                                                                                                                                                                                                                      |
| Address of Cardholder: _____ City/State _____ Zip: _____                                                                                                   |                                                                                                                                                                                                                      |
| Signature: _____ Date: _____ Total Charges: \$ _____                                                                                                       |                                                                                                                                                                                                                      |
| Card Number: _____ / _____ / _____ / _____ Expiration Date: ____ / ____                                                                                    |                                                                                                                                                                                                                      |

**List of Products (cont.):**

| Item | Brand and Product Name*<br>(Include Product Grade N-P <sub>2</sub> O <sub>5</sub> -K <sub>2</sub> O) | Waste Derived Ingredient(s)**?                           |
|------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 6    |                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7    |                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8    |                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9    |                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10   |                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Waste Derived Ingredient Information**

1. List the name of the ingredient, such as zinc oxide.
2. List U.S. Standard Industrial Classification (SIC) code, or the North American Industry Classification (NAICS) code representing the Industry that produced the ingredient.
3. List the industrial process (e.g. steel manufacturing) that produced the ingredient.
4. List the name of the supplier of the ingredient.
5. List the supplier's location (e.g. Portland, Oregon).

| Item | Ingredient | SIC Code | Industry Process | Supplier | Location |
|------|------------|----------|------------------|----------|----------|
| 1    |            |          |                  |          |          |
| 2    |            |          |                  |          |          |
| 3    |            |          |                  |          |          |

**Reminders!**

Distribution of unregistered products in Oregon is a violation of ORS 633.366(1)(e). Registration fees are nonrefundable per ORS 633.366(3). A registrant *must* receive written verification from the Oregon Department of Agriculture (Department) that a product is registered *before* a product is sold, offered for sale, or distributed in or into Oregon. A registration certificate will be mailed upon completion of the registration process. Product registration may also be checked anytime at: [http://oda.state.or.us/dbs/heavy\\_metal/search.lasso](http://oda.state.or.us/dbs/heavy_metal/search.lasso)

Incomplete forms, missing heavy metals laboratory reports, missing or incomplete product labels, or insufficient registration fees can lead to significant delays in product registration. The heavy metals laboratory reports must also include the detection limits and methods used and list the total concentration of arsenic (As), cadmium (Cd), lead (Pb), mercury (Hg), and nickel (Ni) in the product. Also, the detection limits must be at or below the following: arsenic (As) 10.0 ppm, cadmium (Cd) 5.0 ppm, lead (Pb) 5.0 ppm, mercury (Hg) 0.20 ppm, and nickel (Ni) 5.0 ppm. The heavy metals laboratory report must have been conducted within the prior 18 months to submission of the application to the Department.

**Questions?**

Call (503) 986-4635  
or visit

<http://oregon.gov/oda/pest/fertilizer.shtml>