

FERTILIZER
Semi-Annual Tonnage Inspection Fee Affidavit

January 1 – June 30 _____
 (Penalty starts August 1st)

July 1 – December 31 _____
 (Penalty starts February 1st)

Registrant Name: _____
 Mailing Address: _____
 City, State, Zip: _____
 Telephone: _____ FEIN: _____

Pursuant to K.S.A. 2-1202 and 2-1205, the registrant of a commercial fertilizer is **required to file an affidavit** with the secretary of the Department of Agriculture and **keep adequate records** showing the tonnage of each commercial fertilizer shipped to or sold, offered or exposed for sale, or distributed in Kansas. The secretary and representatives of the secretary have authority to examine such records as necessary to verify the affidavit of tonnage.

If the affidavit is false or not filed within 30 days of the close of the reporting period and the inspection fee is not paid within those 30 days the secretary may revoke the registrations and the registrant is subject to **a penalty of \$10.00 per day that the affidavit and inspection fee are delinquent.**

The following is the required statement of tonnage of registered commercial fertilizer shipped, sold, or distributed in Kansas for the preceding six-month period for the above listed registrant, from plant locations listed below.

Plant Name(s) & Location(s)	Tons
1. _____	_____
2. _____	_____
3. _____	_____
A. Total Tons distributed in Kansas.	_____
B. Total Tons shipped on which there has been no fee paid. (List Registrants, grades & tons, see page 4)	_____
C. Net Tonnage on which inspection fee is due	_____
D. Inspection Fee at \$1.67 per ton	_____

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing statements of Plant Location and Tonnage, and the attached "Confidential Tonnage Report are true and correct. I understand that by submitting false information I will be subject to civil and criminal penalties pursuant K.S.A. 2-1205, 21-3711 and 21-3805.

 Registrant's Signature Date executed (Printed name and title of person signing)

For Office Use Only

Check # _____ for \$ _____ TR # _____
 FRF - \$0.04 \$ _____ FRT - \$0.18 \$ _____
 FPC - \$0.05 \$ _____ SWP - \$1.40 \$ _____

