

**REGISTRATION OF BULK STORAGE FACILITIES OF FERTILIZER AND/OR PESTICIDE**

Office use only:  
**RENEWAL**

**FACILITY INFORMATION** Make any necessary corrections and please print clearly.

(circle one) Type: Dealership/Farmer/Lawncare/Manufacturer/Seed Company/Terminal/Warehouse

Facility/Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_

If different from Mail Address, indicate facility's street address (ie. 911 or 'UPS' address);  
Indicate city or town where facility is located (or nearest city or town).

County: \_\_\_\_\_ County where facility is located.

Directions: \_\_\_\_\_

Indicate specific directions from the nearest town, road, landmark, etc...

Owner/Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

**COMMUNICATION INFORMATION**

Complete this section if communication (mailings) with State Chemist is to take place with an individual or company rather than directly with the facility/name listed above.

Name/Company: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**STORAGE CAPACITY**

Please indicate the count and maximum capacity (size) of all storage units which have capacities greater than the amount specified for each storage type.  
e.g. 2 fertilizer tanks with capacities of 5,000 gallons each: 2 @ 5000.

**Do NOT list current INVENTORY levels of quantities.**

	<b>Liquid Pesticide</b> > 55 gallons	<b>Liquid Fertilizer</b> > 2500 gallons	<b>Dry Bulk Pesticide</b> > 100 lbs	<b>Dry Bulk Fertilizer</b> > 12 tons
	_____ gal	_____ gal	_____ gal	_____ tons
	_____ gal	_____ gal	_____ lbs	
	_____ gal	_____ gal	_____ lbs	
<b>Totals</b>	_____ gal	_____ gal	_____ lbs	_____ tons

Per requirements of Rule 9 Storage Facility Location Registry of the Indiana Commercial Fertilizer Laws and/or Rule 8 of the Pesticide Registration Law, this notification is made of bulk fertilizer and /or pesticide facilities.

Name: \_\_\_\_\_ (Please print - if different from owner/manager)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Send completed form to: Office of Indiana State Chemist  
Purdue University  
175 S. University St  
West Lafayette, IN 47907-2063  
Fax (765) 494-4331