

APPENDIX

The following forms were filed with a Notice of Emergency pertaining to Ammonium Nitrate and Regulated Ammonium Nitrate Materials, I.D. No. AAM-09-06-00001-E published in this issue of the *State Register*.

FOR OFFICE USE ONLY

Receipt No. _____

Fee _____

Estab. No. _____

New York State
 Department of Agriculture and Markets
 Division of Plant Industry
 10B Airline Drive
 Albany, NY 12235

**APPLICATION TO REGISTER
 AS AN AMMONIUM
 NITRATE FERTILIZER RETAILER**

INSTRUCTIONS
 Complete application in full.
 An incomplete application will be returned.
 Make checks payable to "The Department of Agriculture and Markets".
 Return in enclosed envelope.

Mailing address and/or business information.

BUSINESS NAME: _____

ADDRESS: _____

ARE YOU CURRENTLY LICENSED AS A
 COMMERCIAL FERTILIZER DISTRIBUTOR?

YES NO

IF YES, NO FEE IS DUE. ENTER LICENSE
 NUMBER HERE: _____

FOR ALL OTHERS:
REGISTRATION FEE: \$50.00

The undersigned applies to register to sell or
 offer for sale Ammonium Nitrate, or regulated
 Ammonium Nitrate materials, pursuant to the
 provisions of Article 10 of the Agriculture and
 Markets Law.

IMPORTANT: In the box below, indicate the person who is responsible
 for Ammonium Nitrate record keeping and security.

EMERGENCY
 CONTACT PERSON: _____

DATE OF BIRTH: _____

BUSINESS RELATIONSHIP: _____

HOME ADDRESS: _____

DAY PHONE #: _____ NIGHT PHONE#: _____

CELL #: _____ E-MAIL _____

For the registration period ending:

Telephone No. _____

Fax No. _____

Social Security No.* _____

Federal ID No.* _____

Reason for not having SS# or Fed. ID#

Check whether an Individual Ownership, Partnership or Corporation: INDIVIDUAL OWNERSHIP PARTNERSHIP CORPORATION

INDIVIDUAL OWNERS, MEMBERS OF PARTNERSHIP OR OFFICERS OF A CORPORATION:

Name and Title – Attach list if necessary	DOB	Home Address	Phone Number

In what state incorporated? _____ Date of incorporation _____

Foreign or out of state corporation, date of filing in New York _____ and name and address of New York State
 resident upon whom service of process may be made _____

Have you or an officer, director or any stockholder exercising any position of management or control been convicted of a felony and/or misdemeanor in any court of the U.S. or any state or territory? No Yes

If yes, please explain:

Provide the Address and Phone Number of Each Ammonium Nitrate and Regulated Ammonium Nitrate Material Distribution and/or Storage Facility in the State of New York. (Licensee is to inform the Director of Plant Industry of additional distribution points or storage facilities established during the period of the license.)

Check Type- (DIST) Distribution, (ST) Bulk Storage

DIST	ST	

If more space is needed, list on attachment

List the Brand and Product Name of all Ammonium Nitrate and Regulated Ammonium Nitrate Material Fertilizer Distributed in the State of New York

Brand and Product Name	Estimated Annual Distribution in Tons

Enclosed is the Registration fee, if required, for sale of Ammonium Nitrate as required by Article 10 of the Agriculture and Markets Law at the foregoing address(es).

I (We) agree to permit free entry and free access to registered premises, buildings, offices and records to the Commissioner and the Director of the State Office of Homeland Security and their agents in pursuance of the manufacture, storage, distribution, sale and use of Ammonium Nitrate and Regulated Ammonium Nitrate Material subject to the Commissioner's jurisdiction.

"I understand that the statements made in this application will be accepted for all purposes as the equivalent of an Affidavit and that any false statements made herein, in addition to being the possible basis for a revocation of any license issued as a result of this application, may be punishable as a misdemeanor under the provisions of Section 210.45 of the Penal Law of the State of New York."

Individual, Firm or Corporate Name (See Note)		Date
Signature of Person Executing		Title

NOTE: (a) If applicant is individual doing business under his own name, he must sign on signature line; (b) if co-partnership is assumed name, firm name must be given and one member must sign individually on signature line; (c) if corporation, corporate name must be given in full, with an authorized officer's signature on signature line and title on title line.

*The authority to request the information contained in this document is found in Section 16 of the Agriculture and Markets Law and the specific section or sections of that Law which relate to the license, permit, certificate, approval, registration or permission which you seek. The principal purpose for which this information is collected is to enable the Department of Agriculture and Markets to determine whether or not to issue the requested license, permit, certificate, approval, registration or permission. This information will be used by the Department of Agriculture and Markets for the purpose of evaluating your application and enforcing and administering the Agriculture and Markets Law.

Disclosure of your federal social security and federal employer identification numbers by you is mandatory and is authorized by Section 5 of the Tax Law. The principal purpose for which this information is collected is to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the Tax Law administered by the Commissioner of Taxation and Finance for administering the Tax Law and for any other purpose authorized by the Tax Law.

Should you fail to provide all of the requested information, your application will not be processed.

RECORD OF THE SALE OF AMMONIUM NITRATE
AND REGULATED AMMONIUM NITRATE MATERIALS
REQUIRED PURSUANT TO AGRICULTURE AND MARKETS LAW
SECTION 146-f and 1 NYCRR PART 154

Date of Sale: _____

Seller Information

Registration No.: _____

Name of Seller: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Name of Person Making Sale: _____

Purchaser Information

Name of Purchaser: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Date of Birth: _____

Name of Person Making Purchase: _____

Identification Presented and Examined

Valid Driver's License

Non-driver Identification Card

License Number: _____

Card Number: _____

License or Card Issued by:

New York State Commissioner of Motor Vehicles

Federal Government. Specify agency: _____

State Government, Commonwealth, Possession or Territory of the United States.

Specify: _____

Provincial Government of Canada. Specify: _____

Other Forms of Identification:

Valid U.S. Passport Number: _____

U.S. Military Identification Number: _____

Ammonium Nitrate and Regulated Ammonium Nitrate Material Sold

Brand Name: _____

Quantity Purchased (in pounds): _____

Form: Bulk Packaged: Number and Individual Weight: _____

Describe Intended Use: _____

Important: New York State Agriculture and Markets Law section 146-f and the regulations promulgated pursuant thereto, 1 NYCRR Part 154, require that this record be made for every sale of ammonium nitrate and regulated ammonium nitrate materials. This record must be made by the person or entity making the sale and must be maintained for a minimum of two years. Access to this record must be provided to officers and employees of the New York State Department of Agriculture and Markets and the New York State Office of Homeland Security.

The following form was filed with a Notice of Proposed Rule Making pertaining to Hazardous Waste Manifest Program, I.D. No. ENV-09-06-00009-P published in this issue of the *State Register*.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number	
5. Generator's Name and Mailing Address			Generator's Site Address (if different than mailing address)			
Generator's Phone:						
6. Transporter 1 Company Name				U.S. EPA ID Number		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address				U.S. EPA ID Number		
Facility's Phone:						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		No.	Type			
1.						
2.						
3.						
4.						
14. Special Handling Instructions and Additional Information						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offendor's Printed/Typed Name				Signature		Month Day Year
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name				Signature		Month Day Year
Transporter 2 Printed/Typed Name				Signature		Month Day Year
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____						
18b. Alternate Facility (or Generator)					U.S. EPA ID Number	
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)					Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	2.	3.	4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name				Signature		Month Day Year

