



NICOLE "NIKKI" FRIED  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Agricultural Environmental Services

**DEFICIENCY PAYMENT  
ACKNOWLEDGEMENT OF RECEIPT**

Sections 570.07(23), 576.181(2), F.S., and Rule 5E-1.009, F.A.C.  
Telephone: (850) 617-7860

Return to:  
Bureau of Compliance Monitoring  
3125 Conner Boulevard, Bldg. 8  
Tallahassee, FL 32301

RE: Acknowledgement of Receipt of Payment from Licensee

Official Sample No.:  
Specialist Sample No.:  
Licensee Name:  
Brand Name:  
Deficient In:  
Taken On:  
Specialist Name:  
Penalty Amount:

This certifies that I have accepted full settlement in the method indicated below for the above referenced fertilizer deficiency.

Date payment was received: \_\_\_\_\_

Settlement was made by: \_\_\_\_\_ Cash Payment

\_\_\_\_\_ Partial Payment, Amount \$ \_\_\_\_\_

\_\_\_\_\_ Credit Memo

\_\_\_\_\_ Non-payment (Please explain below)

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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