



Pesticide & Fertilizer Management Division, Ph. 651-201-6583

Minn. Stat. Sec. 18B.26, Subd. 1

**APPLICATION FOR REGISTRATION OF NEW PESTICIDE PRODUCTS FOR THE PERIOD ENDING
DECEMBER 31 20____**

Do you currently hold a MN License? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Minnesota License No: _____ (Not EPA Reg. No.)	
Legal Name (Manufacturer or Distributor):		Agent's Name (Please print):	
DBA (if different):		Mailing Address (if different from Manufacturer or Distributor):	
Address (No PO Box):		City:	State: Zip Code:
City:	State:	Zip Code:	Agent Telephone Number:
Manufacturer/Distributor Telephone Number:		Emergency Telephone Number:	

Please submit a product label and Material Safety Data Sheet (MSDS) for each product listed below. Labels and MSDS can be sent via ALSTAR, or as an e-mail attachment (pest.label@state.mn.us) or on a disk. Please use only one of these methods when submitting labels and MSDS.

For pesticide registration frequently asked questions (FAQs) see: <http://www.mda.state.mn.us/en/licensing/licensetypes/pesticideregistration.aspx>

Item No.	EPA Registration No.	Complete Brand Name of Pesticide Product
1		
2		
3		
4		
5		

Registration Fee Schedule:	# of Products	Amount	Amount Due
Product Pesticide Registration		X \$350.00	600329(3100)
Product Waste Pesticide Program Surcharge		X \$50.00	600329(3390)
Experimental Use Permit		X \$150.00	600332(3190)
Special Local Need or Emergency Exemption		X \$150.00	600331(3190)

**Minimum registration fee for new products is \$400 per product (\$350 registration fee + \$50 waste pesticide program surcharge fee).
Experimental Use Permit and Special Local Need registration is \$150.**

TOTAL \$ _____

Return this form with your check made payable to:

MINNESOTA DEPARTMENT OF AGRICULTURE
Attn: Cashier
625 Robert Street North
Saint Paul, MN 55155-2538
Fees are not refundable.

NOTE: Total amount of gross sales in Minnesota for the previous calendar year must be submitted on the ANNUAL REPORT OF PESTICIDE GROSS SALES IN MINNESOTA form and postmarked by March 1st. This Annual Report will be mailed to you several weeks prior to the due date.

I hereby certify that the information contained in and submitted with this form is true and correct.

For Office Use Only

Signature: _____ Date: _____

Name (Please print): _____ Title: _____

Contact Telephone: _____ Fax Number: _____

E-mail Address: _____