

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

Application for Registration of New Pesticide Products for the Period Ending December 31 20____

| Do you currently hold a MN License? Yes No If Yes, Minnesota License No (Not EPA Co. No): | | | | | |
|---|-----------|---|------------------------------|---------------|-----------|
| Legal Name (Manufacturer or Distributor): | | | | | |
| DBA (if different): | | | Agent's Name (Please Print): | | |
| Physical Address (No PO Box) | | Mailing Address (if different from Manufacturer or Distributor) | | | |
| Address: | | | Address: | | |
| City: | | City: | | | |
| State: | Zip Code: | | State: Zip Code: | | Zip Code: |
| Manufacturer/Distributor Phone Number: Agent Phone Number: | | | Emergency F | Phone Number: | |

Submit a product label and Safety Data Sheet (SDS) for each product listed below and send to MDA on a disk or via ALSTAR. Use only one of these methods when submitting labels and Safety Data Sheets. For pesticide registration frequently asked questions (FAQs) see: 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 | | | | |
| If more appear is peopled places attach a list with additional products | | | | |

If more space is needed please attach a list with additional products.

| 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) |
| Minimum registration fee for new products above is \$400 per product (\$350 registration fee + \$50 waste pesticide program surcharge fee) | | | | |

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Use a separate form for the registrations below.

| Registration Fee Schedule | # of Products | Amount | Amount Due | |
|----------------------------------|---------------|------------------------------------|------------|--------------|
| Experimental Use | | X \$150.00 | \$ | 600332(3190) |
| Section 24(c) Special Local Need | | X \$150.00 | \$ | 600331(3190) |
| Section 18 Emergency Exemption | | Contact MDA for Fee Information | \$ | 600329(3100) |
| | | | \$ | 600329(3390) |

TOTAL \$

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 conta and submitted with this application is true an | FOR OFFICE USE ONLY | |
|---|---------------------|----------------|
| Signature: | | |
| Name (Please Print): | Date: | |
| Title: | Phone: | Data Entry: |
| Email: | Fax: | Postmark Date: |

In accordance with the Americans with Disabilities Act, this information is available in alternative forms of communication upon request by calling 651-201-6000. TTY users can call the Minnesota Relay Service at 711. The MDA is an equal opportunity employer and provider.