

Application for Registration of New Experimental Use Pesticide Products for the Period Ending December 31, 20

Do you currently hold a MN Pesticide Registration 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:
Manufacturer/Distributor Phone Number:	Agent Phone Number:	Emergency Phone Number:	

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

Registration Fee Type	# of Products	Amount	Amount Due	Account #
Experimental Use Permit		\$150	\$	600332(3190)
TOTAL			\$	

Return this form with your check made payable to:
 (Fees are not transferable nor refundable)

Minnesota Department of Agriculture
 Attn: Cashier
 625 Robert Street North
 Saint Paul, MN 55155-2538

I hereby certify that the information contained in and submitted with this application is true and correct.		FOR OFFICE USE ONLY
Signature:		
Name (Please Print):	Date:	
Title:	Phone:	
Email:	Fax:	Data Entry:
		Postmark Date: