

Application for Registration of New Section 18 Emergency Exemption 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:
Manufacturer/Distributor Phone Number:		Agent Phone Number:	Emergency Phone Number:

Item No.	EPA Registration No.	Complete Brand Name of Pesticide Product	MN Pesticide Registration #	Ag	Non Ag
1					
2					
If more space is needed please attach a list with additional products.			Total Number of Ag Products		
			Total Number of Non Ag Products		
			Total Number of All Products		

Products State Registration Status	# of Products	Amount	Amount Due	Account #
Products with a Current MN Pesticide Product Number		\$0	\$	600329(3100)
Products Without a Current MN Pesticide Product Number	# of Products	Amount	Amount Due	Account #
Product Pesticide Registration		\$350	\$	600329(3100)
AG Product Waste Pesticide Program Surcharge (ag products only)		\$50	\$	600329(3390)
NON AG Product Waste Pesticide Program Surcharge (non ag products only)		\$125	\$	600329(3391)
TOTAL			\$	

NOTE: Total amount of gross sales in Minnesota for the previous calendar year must be submitted on the **ANNUAL REPORT OF PESTICIDE**
 Minimum registration fee for new products above is **\$400 per Ag product** (\$350 registration fee + \$50 waste pesticide program surcharge).
 Minimum registration fee for new products above is **\$475 per Non Ag product** (\$350 registration fee + \$125 waste pesticide program surcharge.)

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
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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: