

Pesticide & Fertilizer Management Division

Application for Registration of New FIFRA Section 3 Pesticide Products

For application questions see www.mda.state.mn.us/pesticide-fertilizer/section-3-pesticide-registration
or email us at pesticide.registration.mda@state.mn.us.

Registration Year:									
Do you currently hold a MN License? Yes No If Yes, Minnesota License No (Not EPA Co. #):									
Your 8-digit MN license number can be found using MDA's Registered Product Search: www2.mda.state.mn.us/webapp/lis/productsdefault.jsp . Search by company or product name. The eight-digit license number can be found in the header of the executed search. Note, a company may hold multiple pesticide licenses in MN.									
Registrant Information					Agent Information				
Legal Name:					Do you have a designated agent? Yes No				
DBA (if different):					Company Name:				
Contact:					Contact:				
Address:					Address:				
City:					City:				
State:		Zip Code:			State:		Zip Code:		
Phone:					Phone:				
<p>Submit list of products below. Note, check the Ag box if the product label includes the "Agricultural Use Requirements" box, otherwise check the NonAg box. Indicate Yes or No as to whether the product contains intentionally added per- or polyfluoroalkyl substances (PFAS) defined as "a class of fluorinated organic chemicals containing at least one fully fluorinated carbon atom." If you answered Yes to product containing PFAS, please indicate Yes or No as to whether it is categorized as one of the 11 following product types: carpet/rug, cleaning product, cookware, cosmetics, dental floss, fabric treatment, juvenile product, menstruation product, textile furnishings, ski wax, or upholstered furniture. Instructions for this section can be found on MDA's website at www.mda.state.mn.us/pesticide-fertilizer/section-3-pesticide-registration.</p> <p>Data submitted through this form is public unless the applicant requests the commissioner to consider their data trade secret, and commissioner determines the data to be trade secret (MINN.STAT.18B.38).</p>									
Item #	EPA Registration #	Complete Brand Name of Product (If more space is needed, please attach a list of additional products)	Ag	Non Ag	PFAS		Category List		
					YES ¹	NO	YES ²	NO	
1									
2									
3									
4									
5									
¹ If you indicated the presence of intentionally added PFAS in a product you must provide additional product data starting in 2026. Please visit www.mda.state.mn.us/pfas-reporting for instructions on how to complete the data submission. ² If you indicated the product contains intentionally added PFAS and belongs to one of the 11 listed product categories, the product will not be registered without a currently unavoidable use exemption. See www.mda.state.mn.us/environment-sustainability/products-added-pfas for further information on PFAS regulations.			Total # of Ag Products						
			Total # of Non Ag Products						
			Total # of All Products						
You must electronically submit text searchable PDF files of the product label and Safety Data Sheet (SDS) for each product listed above to ALSTAR, OR, email the documents to the MDA at Pesticide.Registration.MDA@State.MN.US .									
Please mark your submission method ALSTAR EMAIL									
Registration Fee Schedule			# of Products	Amount	Amount Due	Account #			
Product Pesticide Registration (Enter Total Number of All Products)				X \$350	\$	600329(3100)			
Ag Product Waste Pesticide Program Surcharge (Enter Total Number of Ag Products)				X \$50	\$	600329(3390)			
NonAg Product Waste Pesticide Program Surcharge (Enter Total Number of NonAg Products)				X \$125	\$	600329(3391)			
-- 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 NonAg product (\$350 registration fee + \$125 waste pesticide program surcharge.)									
					Total	\$			
Return this form with your check made payable to: Minnesota Department of Agriculture (Fees are NOT transferable nor refundable) 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			
Signature:			Date:						
Name (Please Print):			Phone:						
Email:									