

## 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):   |           |
| <b>Physical Address (No PO Box)</b>   |                     | <b>Mailing Address (If Different From Manufacturer or Distributor)</b> |           |
| 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

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