

STATE OF ALABAMA
DEPARTMENT OF AGRICULTURE & INDUSTRIES

Application for NEW REGISTRATION of Pesticide Products for Company Names A – M
For the year ending December 31, 2021

Pursuant to Section 2-27-9, Code of Alabama, (1975), the undersigned hereby submits application for registration of the following pesticide products:

1. Product Name:					
2. EPA Reg. No.	3. EPA Est. No.	4. Toxicity Class	5. Use or Type		6. Restricted Use (RUP)?
7. Active Ingredient(s) and Percentages:			8. Termiticide?	9. COLOR?	10. FRAGRANCE/SCENT?
			11. ABN?		

(Use Additional Forms If Necessary) A registration fee of \$600 per product must be submitted for each product.

REQUIRED DOCUMENTS, enclosed are:

- FINAL** product label (label found in marketplace!)
- MSDS sheet
- EPA stamped "accepted" label
- EPA correspondence
- Check/money order made payable to the "Alabama Department of Agriculture" in the amount of \$ _____

FOR DISTRIBUTOR PRODUCTS, additional documents, enclosed are:

- letter of authorization from basic registrant
- supplemental distribution form

REGISTERING COMPANY

(NAME OF COMPANY ASSIGNED EPA REGISTRATION NUMBER)

*Registering Agency: _____

(*If Applicable)

Address: _____

City/ST/ZIP: _____

Telephone No. (____) _____

Fax No. (____) _____

E-mail Address _____

NOTE: Distributor applications with multiple manufacturers will require separate applications for each manufacturer listed.

NAME & ADDRESS OF MANUFACTURER

(____) _____

(____) _____

The undersigned hereby certifies that the information given on this application together with any additional form is true and correct according to the best of his/her knowledge and belief.

Company Point of Contact

Name/Title: _____

Please Print Name

Point of Contact Signature

***** PLEASE DO NOT WRITE BELOW THIS LINE *****

This certifies that the registration fee has been paid for the above named pesticide product (s) and such are duly registered for sale in the State of Alabama in compliance with the requirements of the pesticide law for the **Year Ending December 31, 2021.**

Date: _____ Check No: _____ Transmittal No. _____

Tony L. Cofer, Division Director

Data Entry Completed: _____ By: _____ Label(s) • MSDS(s) • CD(s) • Other Document(s)

Confirmation Mailed: _____ By: _____ IN SYSTEM • IN FILE

Please submit two (2) copies of this completed form and a self addressed stamped envelope.

INSTRUCTIONS FOR NEW PESTICIDE PRODUCT REGISTRATION

1. **Product Name:** List the product name as printed on the product label.
2. **EPA Registration Number:** List the Manufacturer's number, product number and distributor's number (if applicable). *Registrants with 25(b) products, please use the 25(b) form which is found on our website. www.agi.alabama.gov*
3. **EPA Establishment Number:** List the EPA Establishment number assigned to the facility that formulates the labeled product. On pesticide products registered with EPA, this number must correspond with the number found on the product label.
4. **EPA Toxicity Class:** Indicate the toxicity class found on the product label.

Danger I Warning II Caution III Caution IV

5. **Use/Type Product:** Select your product type from the following list

* Algaecide	* Bleach	* Germicide	* Mildewcide	*Seed Treatment	* Wood
* Antifouling	* Defoliant	* Gas Fumigant	* Nematicide	*Soil Fumigant	Preservative
* Antimicrobial	* Detergent	* Growth Regulator	* Nitrogen Stabilizer	*Slimicide	* Other
* Bait	* Disinfectant	* Herbicide	* Repellent	*Sterilant	
* Biocide	* Fungicide	* Insecticide	* Rodenticide	*Termiticide	

NOTE: EACH product containing COLOR, FRAGRANCE/SCENT requires SEPARATE registration.

6. **Restricted Use:** Indicate 'Yes' or 'No' in this box if the product has been classified by EPA as 'restricted use'. These products are required to contain a restricted use statement on the product label.
7. **Active Ingredient and Percent:** For Section 3 products list *ALL ACTIVE INGREDIENTS* as seen on the product label. .
8. **Termiticide:** Indicate 'Yes' or 'No' in this box if the product makes any claims toward termite control.
9. **Color:** Specify the **color of the product** by Color Code or Name of Color (i.e. paint – black, blue, etc.)
10. **Fragrance/Scent:** Specify the **product's fragrance/scent** (i.e. Country Fresh, Original, Unscented, etc.)
11. **ABN (Alternate Brand Name):** Indicate 'Yes' or 'No' in this box. All ABN products *MUST* be registered *BEFORE* they can be distributed, sold, or offered for sale in the State of Alabama.

INITIAL PRODUCT REGISTRATION CHECK LIST

- Completed Original Application Form (include one copy to be returned for verification of certification)
- A self-addressed, stamped envelope.
- A CD with all documents in PDF format to include:
 - Product label; EPA stamped, accepted label; MSDS
- If applicable, Form 8570-5, Notice of Supplemental Distribution, is required with all applications submitted for Distributing Company.
- If you are a Distributor Company, you **must** submit a Letter of Authorization from the Manufacturing Company **on their letterhead**.
- Check or Money Order in the amount of **\$600.00 per product** made payable to the Alabama Department of Agriculture and Industries.

NOTE: Do not combine products with differing Company EPA numbers on one application. The Company EPA number on all products must be the same.

NOTE: Incomplete Registration Packets will be returned. This includes incorrect/incomplete applications, missing required labels, missing required forms, etc.

MAIL COMPLETED APPLICATION, LABELS WITH REQUIRED INFORMATION, & REGISTRATION FEE(S) TO:

ALABAMA DEPARTMENT OF AGRICULTURE & INDUSTRIES
PESTICIDE REGISTRATION SECTION
1445 FEDERAL DR
MONTGOMERY, AL 36107-1123
TEL: (334) 240-7244 or -6593 FAX: (334) 240-7168