

Instructions for New Section 3 Pesticide Product

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).
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. **Toxicity Class:** Indicate the toxicity class found on the product label (Danger I, Warning II, Caution III, Keep Out of Reach of Children IV.)
5. **Use/Type:** Select your product type from the following list:

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

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 Ingredients and Percentages:** List all active ingredients as seen on 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.) All colors must be registered individually.
10. **Fragrance/Scent:** Specify the product's fragrance/scent (i.e. Country Fresh, Original, Unscented, etc.) All scents must be registered individually.
11. **ABN (Alternate Brand Name):** Indicate 'Yes' or 'No' in this box. All ABNs must be registered individually.

- Label changes that require new registration:
 - Any change to the original registered product / label (name or logo);
 - Any change to the company name / ownership (including LLC, LTD, INC, etc.);
 - Any changes to the formulation of active ingredient(s) (active, inerts and/or other)
 - Any changes to signal word/toxicity class;
 - Changes in classification between restricted and general use.
- If any of the following is added to the original product it must be registered separately: Kit, pak/pack, multi-pack, value pack, twin pack, combo/combination pack, pallet, pallet pak/pack, cube, cube pack, season pak/pack. This falls under our multi-pack policy.
- Supplemental Distributor products with multiple manufacturers require individual registrations for each manufacturer listed.
- Any changes mandated by EPA do not require new registration when appropriate documentation is provided.
- **Incomplete Registration Packets will be returned.** This includes incorrect/incomplete application forms, missing required documents, etc.

CHECK LIST OF REQUIRED SUPPORTING DOCUMENTS:

- ☐ Final marketplace label
- ☐ Safety Data Sheet (MSDS)
- ☐ EPA Stamped Approved Label
- ☐ EPA Correspondence (If Applicable)

CHECK LIST FOR DISTRIBUTOR PRODUCTS (IF APPLICABLE):

- ☐ Supplemental Distributor Form (8570-5)
- ☐ Letter of Authorization from the Manufacturing Company on Company Letterhead
- ☐ Check or Money Order in the amount of \$600 per product made out to the **Alabama Department of Agriculture and Industries (ADAI)**.

STATE OF ALABAMA
DEPARTMENT OF AGRICULTURE & INDUSTRIES
Application for NEW REGISTRATION of **SECTION 3** Products
Company Names A-M For the year ending December 31, 2025.

Pursuant to Section 2-27-9, Code of Alabama (1975), the undersigned hereby submits application for registration, along with a \$600 fee per product, 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 Percentage(s):			8. Termiticide?	
			9. Color:	
			10. Scent:	
			11. ABN?	

Company Offering Product for Sale:

Company Name: _____
Address: _____
City/ST/ZIP: _____
Phone No: _____

Manufacturer:

Company Name: _____
Address: _____
City/ST/ZIP: _____
Phone No: _____

Company Responsible for Renewals & Maintenance:

Company Name: _____
Point of Contact Name: _____
Address: _____
City/ST/ZIP: _____
Phone No: _____
E-mail Address: _____

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.

Point of Contact Signature: _____

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, 2025.**

Check No: _____

Transmittal No: _____

Date: _____

By: _____

Tony L. Cofer, Division Director