

APPLICATION FOR REGISTRATION OF PESTICIDES

			Signature of	Applicant or designat	ed agent
			Printed name:		
PRINT OR TYPE NAME AND ADDRESS IN BOX ABOVE			IMPORTANT: Signature certification statement is included in the instructions (DEP-PEST-INST-003)		
(This is your mailing label)					
Application is hereby made for the registration of pesticides listed			Return To:	(In duplicate)	
	on this form and on any attached continuation sheets. Labels and Material Safety Data Sheets are included for each product.		PESTICIDES MANAGEMENT PROGRAM DEPARTMENT OF ENERGY AND ENVIRONMENTAL		
Date of application:			PROTECTION 79 ELM STREET HARTFORD, CT 06106-5127		
Phone:	Phone:		EPA COMPANY NO:		
E-Mail:					
E-Maii:					
	CERTIFICATE OF			ATION	
	For DEEP	Use O	nly		Total Amount
		Use O		ATION Fee for Each:	Total Amount Received:
Date Approved: When signed by authority of t	For DEEP Calendar Years Registered: the Department of Energy and E	Use O	Polly Pesticides: mental Protect	Fee for Each:	Received:

Product Registration List

For DEEP Use Only		A) List Products To Be Registered Below	B) Names & Addresses Of Companies Marketing Additional Brand Names	C) EPA Registration Number	
CT REG. NO.	*Class		(If Applicable)	Number	
		<u> </u>			

*CLASS: GU or blank = General Use; RU = Restricted Use; AQ = Aquatic permit required for use; ABN = Additional Brand Name

☐ Check here if additional sheets are necessary, and label and attach them to this sheet.

If completing the form electronically click on "tab" in the far right last cell to add more rows.