



INITIAL PESTICIDE/PHARMACEUTICAL REGISTRATION

COMPANY CONTACT INFORMATION

(Required if your company does not have a current pesticide registration account.)

COMPANY NAME: _____ C/O AGENT NAME: _____

MAILING ADDRESS (COMPANY): _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHYSICAL ADDRESS (COMPANY): _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS (AGENT): _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

PRIMARY CONTACT INFORMATION

FIRST NAME: _____ LAST NAME: _____ SUFFIX: _____

PHONE NUMBER: _____ EXTENSION: _____ EMAIL: _____

EMERGENCY CONTACT INFORMATION

FIRST NAME: _____ LAST NAME: _____ SUFFIX: _____

PHONE NUMBER: _____ EXTENSION: _____ EMAIL: _____

FOR EXISTING PESTICIDE REGISTRATION ACCOUNT HOLDERS

CONTACT PERSON: _____ USAPLANTS ID: _____

PIN ID: _____ LDAF ID NUMBER: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMERGENCY PHONE NUMBER: _____ EMAIL: _____

LDAF ID NO: _____

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FEE SCHEDULE (PER PRODUCT)

\$100 – Section 24(c)

\$200 – State EUP

\$400 – Section 3, Section 25(b), and Pharmaceutical

INVOICED PRODUCTS INFORMATION

TOTAL NUMBER OF INITIAL PRODUCT REGISTRATION(S): _____

ADD FEE FOR PRODUCT (PER FEE SCHEDULE ABOVE): \$ _____

INVOICE TOTAL: \$ _____

Note:

- Please add initial product registration information on page 3.
- Please include a pdf version of the product label(s) and SDS with application.
- No photocopies accepted.
- Do not send cash.
- Remit complete application and payment (check or money order) to: Louisiana Department of Agriculture and Forestry, 5825 Florida Blvd., Suite 1003, Baton Rouge, LA 70806.

I certify that the information on this form is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Name: _____ Title: _____

OFFICE USE												
Transmittal #												
Check #												
Date												
Amt. \$.00

PESTICIDE REGISTRATION 0800 1605 15

LDAF ID NO: _____

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PRODUCT INFORMATION #1

SECTION 3	SECTION 25b	PHARMACEUTICAL	SECTION 24c	STATE EUP
PRODUCT NAME: _____		REGISTRATION YEAR: _____		
EPA REGISTRATION NUMBER/OTHER: _____		PRODUCT TYPE: _____		
TOXICITY: _____		PESTICIDE CLASS(GUP, RUP): _____		
ACTIVE INGREDIENT: _____		PERCENT: _____		
ACTIVE INGREDIENT: _____		PERCENT: _____		
ACTIVE INGREDIENT: _____		PERCENT: _____		

PRODUCT INFORMATION #2

SECTION 3	SECTION 25b	PHARMACEUTICAL	SECTION 24c	STATE EUP
PRODUCT NAME: _____		REGISTRATION YEAR: _____		
EPA REGISTRATION NUMBER/OTHER: _____		PRODUCT TYPE: _____		
TOXICITY: _____		PESTICIDE CLASS(GUP, RUP): _____		
ACTIVE INGREDIENT: _____		PERCENT: _____		
ACTIVE INGREDIENT: _____		PERCENT: _____		
ACTIVE INGREDIENT: _____		PERCENT: _____		

PRODUCT INFORMATION #3

SECTION 3	SECTION 25b	PHARMACEUTICAL	SECTION 24c	STATE EUP
PRODUCT NAME: _____		REGISTRATION YEAR: _____		
EPA REGISTRATION NUMBER/OTHER: _____		PRODUCT TYPE: _____		
TOXICITY: _____		PESTICIDE CLASS(GUP, RUP): _____		
ACTIVE INGREDIENT: _____		PERCENT: _____		
ACTIVE INGREDIENT: _____		PERCENT: _____		
ACTIVE INGREDIENT: _____		PERCENT: _____		

LDAF ID NO: _____

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PRODUCT INFORMATION #4

SECTION 3	SECTION 25b	PHARMACEUTICAL	SECTION 24c	STATE EUP
PRODUCT NAME: _____		REGISTRATION YEAR: _____		
EPA REGISTRATION NUMBER/OTHER: _____		PRODUCT TYPE: _____		
TOXICITY: _____		PESTICIDE CLASS(GUP, RUP): _____		
ACTIVE INGREDIENT: _____		PERCENT: _____		
ACTIVE INGREDIENT: _____		PERCENT: _____		
ACTIVE INGREDIENT: _____		PERCENT: _____		

PRODUCT INFORMATION #5

SECTION 3	SECTION 25b	PHARMACEUTICAL	SECTION 24c	STATE EUP
PRODUCT NAME: _____		REGISTRATION YEAR: _____		
EPA REGISTRATION NUMBER/OTHER: _____		PRODUCT TYPE: _____		
TOXICITY: _____		PESTICIDE CLASS(GUP, RUP): _____		
ACTIVE INGREDIENT: _____		PERCENT: _____		
ACTIVE INGREDIENT: _____		PERCENT: _____		
ACTIVE INGREDIENT: _____		PERCENT: _____		

PRODUCT INFORMATION #6

SECTION 3	SECTION 25b	PHARMACEUTICAL	SECTION 24c	STATE EUP
PRODUCT NAME: _____		REGISTRATION YEAR: _____		
EPA REGISTRATION NUMBER/OTHER: _____		PRODUCT TYPE: _____		
TOXICITY: _____		PESTICIDE CLASS(GUP, RUP): _____		
ACTIVE INGREDIENT: _____		PERCENT: _____		
ACTIVE INGREDIENT: _____		PERCENT: _____		
ACTIVE INGREDIENT: _____		PERCENT: _____		

LDAF ID NO: _____