

MARYLAND DEPARTMENT OF AGRICULTURE

TELEPHONE NUMBER: 410-841-2721

FAX NUMBER: 410-841-2740

Receipt No. _____ P

APPLICATION FOR REGISTRATION OF PESTICIDES

_____ 20_____

Return two copies to:

For US Postal Service:

Maryland Department of Agriculture
P. O. Box 17304
Baltimore, MD 21297-1304

For Commercial Shipping Service:

Maryland Department of Agriculture
Attn: 17304
1000 Stewart Avenue
Glen Burnie, MD 21061

BANK USE ONLY: 14 01

Please make checks payable to: Maryland Department of Agriculture

Application is hereby made for the registration of the following _____ Pesticide for a period beginning with the actual date of registration and continuing until December 31, 20____. Enclosed is a label for each product or brand. Remittance to the Maryland Department of Agriculture for \$_____ is enclosed for the following products: (\$100.00 for each product or brand).

Make checks payable to the Maryland Department of Agriculture.

COMPLETE PRODUCT OR BRAND NAME(S)

E.P.A. Number

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Firm Name and Address Appearing on Label:

Firm _____
Address _____
City, State and Zip _____
Attention: _____

Submitted By:

Firm _____
Address _____
City, State and Zip _____
Email Address _____

FAX: (____) _____

PHONE:(____) _____

Date	Account Amt.	Maker	Check No.	Date	Check Amt.