

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:

Lockbox Services (17304)
Maryland Department of Agriculture
7175 Columbia Gateway Drive
Columbia, MD 21046-2534

CB # 48103 5757**BANK USE ONLY: 14 01**

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: (\$110.00 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:**Submitted By:**

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

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

FAX: (_____) _____**PHONE:(_____) _____**

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