

**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**

<b>Please make checks payable to: Maryland Department of Agriculture</b>

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:**

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.