

APPLICATION FOR PESTICIDE REGISTRATION

DPR USE ONLY:

Tr. ID# _____

Reg. No. _____

RS Assigned _____

New CA Registrant

In most cases, the applicant is the retailer or brand partner of the impregnated material, not the product manufacturer

Applicant Information

1. **Firm Name** _____ **on page 3 before completing this form**

2. Mailing Address of Firm _____ Check box if new address City _____ State _____ Zip Code _____

3. Street Address (if different from above) or Agent Address _____ City _____ State _____ Zip Code _____

4. Name of Author _____

Leave this box blank. DPR will assign a California Registration Number to the product

5. Telephone Num _____

7. E-mail Address _____

8. Product Brand Name (exactly as shown on label) _____

9. **U.S. EPA Registration Number** _____

10. Type of California registration action requested

- New Product**
- Additional Brand Name
- Master Label
- Product Transfer
- Change of Company Ownership
- Change of Company Name Only
- Interim Registration (Food and Agricultural Code §13161 et seq.)
- Section 24c (Full Product)
- Other (attach cover letter)

This is a new product registration in California

11. Product Composition Statement, Attached is either

- Product Formulation Information form (Page 5), or
- U.S. EPA Confidential Statement of Formula

12. Type of U.S. EPA re

- Section 3 Registration
- Supplemental Registration of Distributor (Subregistration)
- Section 5 Experimental Use Permit
- Concurrent Submission Allowed

Your product is not required to be registered by U.S. EPA

Not Required, California-Only Registration

13. Container Type(s), Composition(s), and Size(s)

N/A

14. Liquid Products Only:

Density = _____

or Specific Gravity = _____

Solid Products Only

I certify, under penalty of perjury, that all information submitted on this application for registration is accurate and complete. As required by Title 3, California Code of Regulations (3 CCR) §6170, all data that we submitted to the U.S. EPA to support this product are enclosed in this submission or have previously been submitted to DPR.

X _____ / _____ / _____
 Signature of Authorized Representative/Agent Type or Print Name/Title Date Signed

Mail completed application to:
For correspondence only:
 Department of Pesticide Regulation
 Pesticide Registration Branch
 P.O. Box 4015
 Sacramento, California 95812-4015
For package deliveries, Fed Ex, etc.:
 Department of Pesticide Regulation
 Pesticide Registration Branch
 1001 I Street
 Sacramento, California 95814-2828

DPR USE ONLY:

RC # _____

Fee \$ _____

RC Date _____

Date Received _____

OK by _____ Date Licensed _____

Returned _____

Product Brand Name, EPA Reg. No.

Product Characterization Information

Information about your product and its intended uses is required to allow DPR to correctly process and prepare notices for this application.

1. a) This pesticide is a Microbial (product itself is composed of microbes) Biochemical Chemical

b) Type of pesticide, check all boxes that apply:

- | | | | | |
|---|---|--|---|------------------------------------|
| <input type="checkbox"/> Adjuvant (including water modifiers) | <input type="checkbox"/> Bactericide / Bacteriostat | <input type="checkbox"/> Fertilizer | <input type="checkbox"/> Insecticide | <input type="checkbox"/> Slimicide |
| <input type="checkbox"/> Algaecide | <input type="checkbox"/> Defoliant | <input checked="" type="checkbox"/> Fungicide | <input type="checkbox"/> Miticide / Acaricide | |
| <input type="checkbox"/> Anti-foulant | <input type="checkbox"/> Desiccant | <input type="checkbox"/> Plant Growth Regulator | <input type="checkbox"/> Molluscicide | |
| <input checked="" type="checkbox"/> Antimicrobial | <input type="checkbox"/> Disinfectant / Sanitizer | <input type="checkbox"/> Herbicide | <input type="checkbox"/> Nematicide | |
| <input type="checkbox"/> Avicide | | <input type="checkbox"/> Insect Growth Regulator | <input checked="" type="checkbox"/> Repellent | |

Most pesticide impregnated materials will be considered as an insecticide, fungicide, repellent, and/or antimicrobial

2. a) Is this product applied aerial ground, or both (aerial and ground)

b) Is the product soil applied? Yes or No

c) Application methods, check all boxes that apply:

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Ant / Wasp / Rodent Mound | <input type="checkbox"/> Chemigation or Drip | <input type="checkbox"/> Fumigation | <input type="checkbox"/> Spray | <input type="checkbox"/> Wash, Soak, Dip, or Mop |
| <input type="checkbox"/> Additive | <input type="checkbox"/> Coating (i.e., seed) | <input type="checkbox"/> Injection (other than soil) | <input checked="" type="checkbox"/> Topically Applied (rub on, wipe on) | <input type="checkbox"/> Water Application |
| <input type="checkbox"/> Attached (e.g., collar, ear tag) | <input type="checkbox"/> Dust | <input type="checkbox"/> Paint or Coating | <input type="checkbox"/> Trap / Device | <input type="checkbox"/> Wick Applicator |
| <input type="checkbox"/> Bait | <input type="checkbox"/> Evaporating Solid | <input type="checkbox"/> Smoke | <input type="checkbox"/> Turf Treatment or Drench | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Broadcast | <input type="checkbox"/> Filtration System | <input type="checkbox"/> Soil Applied (inject, shank, chisel, or work into soil) | | |
| | <input type="checkbox"/> Fog | | | |

3. Type of Formulation, check one box that best describes the product formulation:

Solids

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> Dust / Powder | <input checked="" type="checkbox"/> Impregnated Material | <input type="checkbox"/> Pellet, Tablet, Cake or Briquet | <input type="checkbox"/> Pressurized Gas (Dry) | <input type="checkbox"/> Wettable Powder |
| <input type="checkbox"/> Granular / Flake | <input type="checkbox"/> Microencapsulated (Dry) | <input type="checkbox"/> Pressurized Dust | <input type="checkbox"/> Soluble Powder | <input type="checkbox"/> Dry Flowable |
| | | | | <input type="checkbox"/> Other (Dry) |

Liquids

- | | | | | |
|---|--|--|-------------------------------------|-----------------|
| <input type="checkbox"/> Emulsifiable Concentrate | <input type="checkbox"/> Oil | <input type="checkbox"/> Solution / Liquid | <input type="checkbox"/> Suspension | Other (specify) |
| <input type="checkbox"/> Flowable Concentrate | <input type="checkbox"/> Paint | | | |
| <input type="checkbox"/> Gel, Paste, Cream | <input type="checkbox"/> Pressurized Spray | | | |
- (Liquid)

This is where the product is intended to be used [most products will be for household / home garden (consumer use) or institutional (professional use)]

4. Use of Pesticide, check all that apply:

- | | | | |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> Agricultural | <input checked="" type="checkbox"/> Household / Home Garden | <input type="checkbox"/> Institutional (hospitals, schools, etc.) | <input type="checkbox"/> Industrial End Use |
| <input type="checkbox"/> Structural | <input type="checkbox"/> Manufacturing | | |

5. Label Signal Word

This is the signal word or no signal word ("none") that appears on the manufacturer's label that is registered with U.S. EPA

- | | | | | |
|--|---------------------------------|----------------------------------|----------------------------------|-------------------------------|
| <input type="checkbox"/> Poison / Danger | <input type="checkbox"/> Danger | <input type="checkbox"/> Warning | <input type="checkbox"/> Caution | <input type="checkbox"/> None |
|--|---------------------------------|----------------------------------|----------------------------------|-------------------------------|

6. Does this product require child-resistant packaging? Yes No

7. Flash point/flame extension of products containing more than 70 percent petroleum distillates: N/A

Product Formulation Information

See page 6 for instructions. (U.S. EPA Confidential Statement of Formula may be submitted in lieu of this page)

1. Brand Name: _____ 3. U.S. EPA/Calif. Reg. No. (if assigned) : _____

2. Firm Name: _____ 4. pH (if water soluble liquid) **N/A**

5. Active Ingredient Give common chemical name for each active ingredient listed on the label. Microbials should show genus, species, and strain.	6. Chemical Abstracts Service (CAS) (or ATCC) No.	7. Brand name of source product for active ingredient	8. EPA Reg. No. of source product	9. Percent by weight of source product in formulated product.	10. Percent by weight of active ingredient in formulated product.																																																																		
<div style="border: 2px solid red; padding: 5px; display: inline-block;"> <p>If referencing a substantially similar product, such as the manufacturer's product registered in California, list the product brand name and registration number here</p> </div>																																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th data-bbox="128 1144 956 1358">11. Inert Ingredient (common chemical name)</th> <th data-bbox="956 1144 1268 1358">12. Chemical Abstracts Service (CAS) No.</th> <th data-bbox="1268 1144 1762 1358">13. Brand name of source product for inert ingredient.</th> <th data-bbox="1762 1144 2073 1358">14. Purpose in formulation.</th> <th data-bbox="2073 1144 2413 1358">15. Percent by weight of source product in formulated product.</th> <th data-bbox="2413 1144 2727 1358">16. Percent by weight of inert ingredient in formulated product.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						11. Inert Ingredient (common chemical name)	12. Chemical Abstracts Service (CAS) No.	13. Brand name of source product for inert ingredient.	14. Purpose in formulation.	15. Percent by weight of source product in formulated product.	16. Percent by weight of inert ingredient in formulated product.																																																												
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If space is not sufficient, attach additional pages. Inert ingredients information given on this form is considered to be confidential business information and is protected from disclosure under the California Public Records Act (Gov. Code §6254.2(l)). You may submit a copy of your U.S. EPA Confidential Statement of Formula in lieu of this page.

Total _____ Columns 9 + 15 =100.00%	Total _____ Columns 10+16 =100.00%
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