

APPLICATION FOR REGISTRATION OF PESTICIDES

Registration Year: _____

Date of Registration: _____

Application is hereby made for the registration of the pesticide(s) listed below with the District of Columbia for a period beginning with the actual date of registration and ending December 31 of the same year.

Submitted For (i.e. Registrant)

Submitted By (if different from Registrant)

Company Name: _____

Company Name: _____

ID Number: _____

Address: _____

Address: _____

City: _____

City: _____

State/ZIP: _____

State/ZIP: _____

Contact: _____

Contact: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

I am a Distributor (I do not manufacture the product) Distributor Number: _____

Product Listing:

Product Brand Name	EPA Registration #	Product Description	Product Status	Use Class Code	Product Transferred
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
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					<input type="checkbox"/>

Registration of products listed on this application is in accordance with the District of Columbia Municipal Regulations, Title 20, Chapter 22, Sections 2200, 2201 and 2202.

PROVIDE ADDITIONAL PRODUCT AND PRODUCT INGREDIENT INFORMATION ON THE FOLLOWING PAGE(S)

APPLICATION FOR REGISTRATION OF PESTICIDES (Continued)

Additional Product Listing (continued):

Product Brand Name	EPA Registration #	Product Description	Product Status	Use Class Code	Product Transferred
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GOVERNMENT
OF THE
DISTRICT OF COLUMBIA

DISTRICT DEPARTMENT OF THE ENVIRONMENT
ENVIRONMENTAL HEALTH ADMINISTRATION
BUREAU OF HAZARDOUS MATERIAL & TOXIC SUBSTANCES
TOXIC SUBSTANCE DIVISION / PESTICIDE BRANCH
1200 FIRST STREET, 5th FLOOR
WASHINGTON, DC 20002-3315

APPLICATION FOR REGISTRATION OF PESTICIDES (Continued)

Product Ingredient Listing: (for 25B - Exempt and Device Use Classifications Only)

EPA Registration # (must match from table on page 1)	Ingredient Name	Active Ingredient?	Percentage
		<input type="checkbox"/>	
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General Comments: _____

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PROVIDE ADDITIONAL COPIES OF THIS PAGE IF ADDITIONAL PRODUCT INGREDIENTS ARE BEING REPORTED