

APPLICATION FOR REGISTRATION OF A PESTICIDE PRODUCT

Separate registrations are required for each label with alternate trade names.

ONE COMPLETED APPLICATION FORM, ONE PRODUCT LABEL, AND THE APPROPRIATE REGISTRATION FEE IS REQUIRED FOR EACH PESTICIDE TO BE REGISTERED.

ALL REGISTRATIONS EXPIRE DECEMBER 31.

Failure to provide all required information will result in the application form being returned to the applicant.

Method of Payment: Check - Please make checks payable to: **Nebraska Department of Agriculture**

Any check returned to the Department by a financial institution due to insufficient or uncollected funds, may be re-presented electronically. A copy of the cancelled check can be obtained by contacting your financial institution.

If the check cannot be deposited traditionally or electronically, it shall be the policy of the Department to recover a \$30 insufficient fund check fee from the payer. The full payment must then be made with a cashier's check or credit card (Visa or MasterCard).

Credit Card: Visa MasterCard Card Number: _____

Name of Cardholder: _____ Exp. Date: _____ CVN# _____

This Manual Credit Card Method is strictly for **new** products. For electronic credit card payment of re-registered products, please use the following site: www.agr.ne.gov/online/pesticide_renewal.html and use the "Online Renewal of Pesticide Dealers & Product Registrations" link.

Registration Fee: Specialty pesticide products (GUP or RUP)\$160 per product per year
All other pesticide products (GUP or RUP).....\$200 per product per year

A **SPECIALTY PESTICIDE** means a disinfectant, sanitizer, germicide, or biocide. It includes pesticides labeled for use solely in areas associated with the household or home life, including lawn, garden, and ornamental uses. Does not include turf areas applied commercially. Also includes pesticides labeled for use solely on humans or pets. Specialty pesticides can be restricted or general use.

Submitter/registering firm (an alternate name and/or address for correspondence)

Name: _____

Address: _____

Fed ID #: _____

Manufacturing firm (name and address as they appear on the label):

Name: _____

Address: _____

Contact person: _____ Telephone: _____

E-mail address: _____ Fax: _____

PRODUCT TRADE NAME: _____

Active ingredient (common chemical name): _____

EPA Reg. No. _____ EPA Est. No. _____

Use classification (must check all that apply): Specialty Restricted Use General Use

Note: All persons located outside this state must designate a resident agent for service of process in actions taken in the enforcement of the Nebraska Pesticide Act. In lieu of designating a resident agent, the registrant may designate, in writing, the Secretary of State as the recipient of process for the applicant in this state (address and phone not necessary if using Secretary of State).

Resident Agent Name _____ Telephone () _____

Address _____ City/State/Zip _____ <http://www.agr.ne.gov/form/p96.pdf>
P96.doc (11/11)