Print Form

COLORADO DEPARTMENT OF AGRICULTURE

700 Kipling Street, Suite 4000
Lakewood, CO 80215-8000
Phone #: (303) 239-4144
or (303) 239-4181
Fax#: (303) 239-4177

COLORADO APPLICATION FOR REGISTRATION OF PESTICIDE PRODUCT (PESTICIDE OR DEVICE)

Cash Code 616
Do not write in this space

APPLICANT INFORMATION:

IMPORTANT: READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DATE _____/ _____/ _____ (month / day / year)

COLORADO REGISTRANT ID#

APPLICANT'S NAME (name of legal business entity) AND TRADE NAME, IF ANY (e.g. "doing business as" (DBA) name)

BUSINESS TYPE (e.g., sole proprietorship, general partnership, corporation, limited partnership, limited liability company, etc.)

MAILING ADDRESS
Street

City | State | Zip

IS THIS A NEW ADDRESS? ☐ Yes ☐ No

CONTACT INFORMATION:

Toll Free Number ( ) _____ - _____ Ext. _____
(For registration contact)

(1) Name: _____

Fax Number ( ) _____ - _____

Phone Number ( ) _____ - _____Ext. _____

Email Address _____

(2) Name: _____

Fax Number ( ) _____ - _____

Phone Number ( ) _____ - _____Ext._____

Email Address _____

IS THERE A GROUND WATER ADVISORY STATEMENT ON THE LABEL? ☐ **Yes** ☐ **No**

IS THIS A NEW ACTIVE INGREDIENT IN COLORADO? ☐ **Yes** ☐ **No**

PESTICIDE PRODUCT NAME FROM FINAL PRINTED LABEL: _____

_____

EPA PRODUCT REGISTRATION NUMBER: _____

COMPANY NAME & ADDRESS PRINTED ON LABEL:_____
Name

_____
Address (Street, City, State & Zip Code)

INDICATE COLORADO PESTICIDE REGISTRATION TYPE FOR PESTICIDE PRODUCT:

EPA registered (has EPA registration #)

- ☐ General Use (section 3)
- ☐ Federal Restricted Use
- ☐ State Restricted Use
- ☐ SLN (24c)
- ☐ Kit/Copack

No EPA registration # but requires Colorado pesticide registration

- ☐ Pesticidal Device
- ☐ 25(b) minimum risk exemption
- ☐ 510(k), cold surface sterilants/disinfectants
- ☐ Experimental Use Permit
- ☐ Section 18 only (no section 3 reg. for product)
- ☐ Kit/Copack

I hereby certify that I am authorized on behalf of the applicant to make this application for registration in the state of Colorado of the pesticide product identified on this form, and that all of the information provided in support of this application is true and correct.

Authorized Signature of Applicant: _____
Print Name and Title: _____

OFFICE USE ONLY

CRN #	Pesticide	Use	Approval
-A			

Reset Page

(Revised 10/05)

LIST ACTIVE & INERT INGREDIENTS OR ATTACH CONFIDENTIAL STATEMENT OF FORMULA (CSF):(You do not need to submit this page if CSF is attached or is coming from Basic Registrant).

ACTIVE INGREDIENTS

LIST EACH ACTIVE INGREDIENT AND CORRESPONDING PERCENTAGE AS IT APPEARS ON THE FINAL PRINTED LABEL:

Ingredient(s)	% Active

INERT INGREDIENTS

LIST EACH INERT INGREDIENT AND CORRESPONDING PERCENTAGE:

Ingredient(s)	% Inert

NOTICES:

- ☐ Fee must be submitted with application. For 2008, fee is $95.00. Make checks payable to the Colorado Department of Agriculture. Mail to: Colorado Department of Agriculture, Division of Plant Industry, 700 Kipling Street, Suite 4000, Lakewood, Colorado, 80215.
- ☐ Keep a copy of this application and all attachments for your records.
- ☐ If your application is incomplete, you will be notified and given 60 days to supply the required information. If the required information is not submitted by the end of the 60-day time period, your product will not be registered and your application fee will be forfeited.
- ☐ Applications received after Oct. 1 will be registered for the next calendar year unless the registrant indicates otherwise.