

Nebraska Department of Agriculture, Central Fee Collection
P.O. Box 94668, Lincoln, Nebraska 68509-4668
(402) 471-2351
agr.pestreg@nebraska.gov

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 \$160 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.

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

Submitter/registering firm (an alternate name and/or address for correspondence)	
Name: _____	Label submitted via: <input type="checkbox"/> Alstar <input type="checkbox"/> Kelly Solutions <input type="checkbox"/> Disk/CD <input type="checkbox"/> Email <input type="checkbox"/> Hard Copy
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): Restricted Use General Use

Note: An applicant located outside this state shall file with the department either a written designation of a resident agent (who must be located in Nebraska) for service of process or a written consent to the jurisdiction of this state for actions taken in the administration and enforcement of the act.

I hereby consent to the jurisdiction of the State of Nebraska for actions taken in the administration and enforcement of the Act. **OR**

Resident Agent Name _____ Telephone _____

Address _____ City/State/Zip _____

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.nda.nebraska.gov/online/pesticide_renewal.html and use the "Online Renewal of Pesticide Dealers & Product Registrations" link.

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# _____

Cardholder Billing Address: _____ City, State, Zip: _____