

APPROVED:_

APPLICATION FOR THE REGISTRATION OF PESTICIDES IN TENNESSEE

This application is hereby filed with the Commissioner of Agriculture. The product(s) listed on the back are offered for sale or distribution within Tennessee and all fees and any required doucmentation are included. This registration shall be effective until June 30 of each year.

Enclosed is the annual registration fee of \$	for	products.
Make your check payable to: TENNESSEE DEPARTS DEPARTMENT OF AGRICULTURE, Division of 0 37204, Attention: Pesticide Registration		
REGISTRANT: Firm: Address:		This should be the name and address of the company on the pesticide label. Do not list by any other name on this section.
Phone: Contact:		
Contact.		
SEND CORRESPONDANCE T Firm: Address:		This should be the company that will handle the registration for the above (e.g. parent firm, manufacturer, etc.). If it is the same as the above, please list again.
Phone:Contact:		
I certify to the best of my knowledge that this applicat Signature and Date:		
DEPART	MENT USF	E ONLY

PESTICIDES TO BE REGISTERED IN TENNESSEE

Submit a duplicate if you wish to receive a copy from the Department verifying your registration. *Please refer to the cover sheet for instructions. Attach additional sheets if necessary.*

EPA Registration Number: Brand Name of Product (Please note if it is "RUP")