

Application is hereby made for the reg					with the actual
date of registration and ending Decem	ber 31, 20: (Li		to be register		
ACCOUNT CONTACT:	SUBMITTED BY: (same as label)				
BUSINESS NAME (as it appears on market label)		REGISTRANT COMPANY (c/o)			
ACCOUNT ADDRESS	MAILING ADDRESS				
ACCOUNT CITY/STATE/ZIP		MAILING CITY/STATE/ZIP			
CONTACT NAME	TELEPHONE NUMBER		EMAIL		
PRODUCT NAME	EPA REGISTR	ATION NUMB	ER	CL	ASS (RUP OR NOT)
				G	RUP
				G	RUP
				G	RUP
				G	RUP
				G	RUP
				G	RUP
				G	RUP
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				G	RUP
MARKET LABELS may be e-mailed to <u>PESTLABE</u>	LS@MDA.MO.GOV in sea	irchable PDF fo	ormat.		
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Remittance at \$200.00 for each product payable to the Missouri Department of Agriculture in the amount of \$______ is enclosed to cover annual fees for the period ending December 31, ______. Confirmation of registration will be mailed to you once processed.

More information and forms are available on our website: https://agriculture.mo.gov/plants/pesticides/registration.php

Return to: MISSOURI DEPARTMENT OF AGRICULTURE ATTN: PESTICIDE REGISTRATION P.O. BOX 630 JEFFERSON CITY, MO 65102