



Application for Registration of New Agricultural Chemical / Pesticide Products
 Calendar Year _____

The Kansas Agricultural Chemical Act, K.S.A. 2-2201 *et seq.*, requires that every agricultural chemical distributed, sold or offered for sale in Kansas, or delivered for transportation or transported in intrastate commerce or between points within Kansas through any point outside this state, to be registered with the department. "Agricultural chemical" is defined in K.S.A. 2-2202(a) and K.A.R. 4-1-2. Any manufacturer, packer, seller, distributor, or shipper may register the chemical.

Registrant's Name: _____

Registrant's Mailing Address: _____

Telephone: _____ Fax: _____ Email: _____

Federal Tax ID No.: _____ Contact Person: _____ Title: _____

Manufacturer/Distributor (as name appears on label): _____

Mailing Address: _____

Telephone: _____ Fax: _____ Email: _____

Contact Person: _____ Title: _____

List each **new** agricultural chemical to be registered in Kansas. **Current final printed label**, including any other documents referred to in the label or attached to the container, **must** be submitted with this application. Labels may be submitted in searchable PDF format on a CD.

Enter information in columns below as follows:

AP	Class	ABN
Check this column if the agricultural chemical is an antimicrobial pesticide (an agricultural chemical intended to disinfect, sanitize, reduce, or mitigate microbiological organism growth).	Write GEN (general use pesticide) or RUP (restricted use pesticide) in column.	Check this column if the new agricultural chemical meets all "alternate brand name" requirements. ABN is an agricultural chemical with the same company name, EPA number and pesticidal claims as another agricultural chemical currently registered. Provide the name of the currently registered agricultural chemical that is the primary product for this ABN and include the most current label for this product.

EPA Reg. No.	Product Name	AP	Class	ABN

Product Type	Registration Fee	Environmental Assessment Fee	Number of New Products Registered	Fees For Each Type of Product	
Antimicrobial	\$150	Plus \$0	x	= \$	
GEN/RUP	\$150	Plus \$60	x	= \$	Total Fee Due
ABN	\$0	Plus \$0	x	= \$0	\$

Make check payable to the Kansas Department of Agriculture. Send or deliver this application and fees to Kansas Department of Agriculture at address shown above.

All statements and information provided in this application are true and correct.

Signature: _____ Title: _____ Date: _____

Print Name: _____

TR# _____ CK# _____ SWF _____ AC _____ REP _____ Total _____