

# MISSISSIPPI DEPARTMENT OF AGRICULTURE AND COMMERCE

## BUREAU OF PLANT INDUSTRY

Phone (662) 325-3390

### I. APPLICATION FOR REGISTRATION AND/OR REREGISTRATION (RENEWAL) OF PESTICIDES

Mississippi Pesticide Law of 1975: Sections 69-23-1 through 69-23-29, Mississippi Code 1972

Complete this application for registration of the pesticides named below and return to the Bureau of Plant Industry, P.O. Box 5207, Mississippi State, MS 39762. See the pesticide registration instructions for completing this application.

#### TYPE OR LEGIBLY PRINT ALL INFORMATION

Enclose payment to the Bureau of Plant Industry for \$ \_\_\_\_\_ (\$200 per brand) to cover annual registration fees for \_\_\_\_\_ pesticide brands. Make check or money order payable to MDAC.

**COMPANY EPA NUMBER:** \_\_\_\_\_

**You must use your TAX ID NUMBER if you do not have an EPA Registration Number**

**REGISTRANT:**

**SEND CORRESPONDENCE TO:**

Company Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax: \_\_\_\_\_

### II. COMPLETE THIS SECTION "ONLY" IF YOU HAVE PRODUCTS PRODUCED IN MISSISSIPPI.

I. hereby, apply for rebate of pesticide registration fees in the amount of \$ \_\_\_\_\_ (\$100.00 per brand) for \_\_\_\_\_ number of pesticide product(s) so designated (check-box) on the attached page(s).

I am submitting a notarized statement declaring truthfully that said products have been/shall be produced in Mississippi during the calendar year for which registration is requested. To meet this requirement, I the applicant, shall allow an inspection by the Bureau of Plant Industry during normal business hours of any and all establishments.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(TITLE)

\_\_\_\_\_  
(DATE)

#### THIS SECTION FOR BUREAU OF PLANT INDUSTRY USE ONLY

This stamped "approved" form certifies the brands/products so named on the attached document have been duly registered, registration fees have been paid, and the sale and use of each product in Mississippi is authorized through the current year.

Account Holder Name: \_\_\_\_\_

**APPROVED:**

**RECEIVED:**

\_\_\_\_\_  
Check No.

Date on Check: \_\_\_\_\_

\_\_\_\_\_  
Amount

