

**APPLICATION FOR REGISTRATION OF PESTICIDE PRODUCT
SOUTH DAKOTA DEPARTMENT OF AGRICULTURE**

Division of Agricultural Services
523 E Capitol Ave., Foss Building
Pierre South Dakota 57501-3182
Phone (605) 773-4432
Web: sdda.sd.gov/ag-services/

Check Number _____
Receipt No _____
Registration Date _____
Do Not Fill In The Above

Company Code

Name of Company

Street Address City State Zip Code +4

Mailing Address City State Zip Code +4

Phone Number + Ext Email Address

Website

**Application is hereby being made for the registration of the following (SD uses a two year registration period).
SUBMIT ONE COMPLETE LABEL FOR EACH PRODUCT**

PESTICIDES - \$240 per product, per biennium; include \$360 per product (\$240 + \$120 late fee) if renewed after July 1. (Includes EUP, Section 18, Section 24C)

NEW RENEWAL BOTH

Products will be registered according to the appropriate South Dakota Statutes from the date of actual registration and continuing until June 30, 20 ____.

Is name and/ or address on label different than applicant? Yes _____ No _____ (If yes, indicate company & address after the product name.)

List below the names of the products to be registered.

COMPLETE NAME OF NEW PRODUCT(S) (INCLUDING BRAND NAME):	EPA #:

Additional sheets may be attached in duplicate on company letterhead if necessary.

I, _____ herby certify that the information on and accompanying this application is true and correct in every particular and that the labels and labeling sent herewith are exact copies of the labels and labeling that will be used on the product(s) named herein and declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, in all things true and correct.

Signature of Applicant

Date

Secretary of Agriculture