



United States
Environmental Protection Agency
 Washington, DC 20460

<input checked="" type="checkbox"/>	Registration
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number Company A	2. EPA Product Manager Mr/Ms EPA	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Product XYZ Pesticide	PM# PM ##	
5. Name and Address of Applicant (Include ZIP Code) Company A Main Street Anywhere, USA 00000 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: XXXXX-XXXXX EPA Reg. No. _____ Product Name Company B Pesticide	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input checked="" type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Application for pesticide registration (Note to registrant: This application form can be used for new products, amendments and notifications. Please make sure you check the appropriate box at top of form and also the appropriate box in this section.)

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Metal	<input checked="" type="checkbox"/> Plastic
				<input type="checkbox"/> Glass	<input type="checkbox"/> Paper
* Certification must be submitted	If "Yes" Unit Packaging wgt. 32 oz	No. per container 2	If "Yes" Package wgt	Other (Specify) _____	
3. Location of Net Contents Information <input type="checkbox"/> Label <input checked="" type="checkbox"/> Container		4. Size(s) Retail Container 16 oz		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			<input type="checkbox"/> Other _____		

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)

Name Uncle Sam	Title President	Telephone No. (Include Area Code) 000-000-0001
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Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

6. Date Application Received
(Stamped)

2. Signature	3. Title President
4. Typed Name Uncle Sam	5. Date