

**SUBMIT IN DUPLICATE  
SUBMIT SEPARATELY**

Reg. Year: \_\_\_\_\_

**APPLICATION FOR NEW PESTICIDE REGISTRATION  
INDIANA STATE CHEMIST & SEED COMMISSIONER**

Purdue University • 175 S. University Street  
West Lafayette, IN 47907-2063  
(765) 494-1587 • www.isco.purdue.edu

Registrant (EXACTLY AS NAME APPEARS ON THE LABEL)		Registrant #	
Street, R.R., P.O. Box			
City		State	Zip + 4
Area Code	Phone Number	Fax	

Submitted by (if other than Registrant)		Submitter #	
Street, R.R., P.O. Box			
City		State	Zip + 4
Area Code	Phone Number	Fax	

Name (printed)		Title	
Signature	Date	Email	

**EPA Reg. No.**

**Complete Brand and Product Name**

\*List in numerical order

List only **new** products here

(For Office Use Only)

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**FEE CALCULATION**

Number of New Products _____	X \$170.00 = _____
Late Penalty (per product) _____	X \$170.00 = _____
	Total Fees _____

Make check payable to: **INDIANA STATE CHEMIST**

For Office Use Only

Check Number:	Amount:	Entered Under:	Posted Date:	Processed By:
				Date: