

Ohio Department of Agriculture

PLANT HEALTH / Pesticide and Fertilizer Regulation Section
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Telephone: (614) 728-6987 Fax: (614) 728-4235
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APPLICATION FOR REGISTRATION OF AN **AGRICULTURAL ADDITIVE**

ELECTRONIC LARELS IN PDE FORMAT ARE REQUIRED. PAPER LARELS WILL NOT BE ACCEPTED.

LLLOTTONIO	/ IDEEO IIVI DI	I ONIVIAL AILE NEG	UIILD. I AI LILLAD	LLO WILL NOT DE AGOLT T	LD.
In accordance with the provisi agricultural additive for JANUA				cation is made for registration	on of the following
COMPANY ID:					
			SUBMITTED BY:	:	
ADDRESS:			ADDRESS:	:	
CITY, STATE, ZIP:				:	
OHIO COUNTY:				:	
PHONE NUMBER:				·	
			FAX NUMBER:		
E-MAIL ADDRESS:			E-MAIL ADDRESS:	:	
PAYMENT REQUIRED: Re Payment by check, money or			yable to the Ohio De	partment of Agriculture mo	ust be enclosed.
Payment Method	: Check #		Money Order	☐ Discover ☐ Visa	Mastercard
Amount	:	X \$50.0	0 =\$]	
If paying with credit card, the	following infor	mation is required	before payment can	be processed:	
Name on Credit Card	: [
Credit Card Number	:				
Expiration Date	: [((MM)			V)
Signature (required)	:				
Brand Name:					
Purpose or Proposed Use:					
Directions for Use:					
Expected Results or Effects:					
GUARANTEED ANALYSIS					
Active	ngredients	%		Inert Ingredients	%
		% %			% %
					%
	MICR	OBIAL INFORMA	TION IF APPLICA	BLE	!
Viable Organisms			Number/ml. or g.		
		%			%
		% %			% %
Evidence of Efficac	v: Please atta		l ficient efficacy infor	mation to substantiate lab	
When signed under auth	ority of the O	CERTIFICATE OF hio Department o	REGISTRATION f Agriculture, this	certifies that the agricul	Itural additive
SIGNATURE:			DATE:		
PRINTED NAME:			TITLE:		