

STATE OF ILLINOIS
DEPARTMENT OF AGRICULTURE

Application for Registration
Pesticide Products - 2023 & 2024

Registration Fees: \$800 per Company for 24 month period (2023 & 2024)
\$600 per Product for 24 month period (2023 & 2024)

Number of Products Registered: _____

Total Enclosed: _____

Mail completed application, labels, and fee payable to:

Illinois Department of Agriculture
Bureau of Environmental Programs
P.O. Box 19281
Springfield, IL 62794-9281
(217) 785-2427 -- TTY # (866) 287-2999

Instructions :

1. Please sign and return this form along with copies of all current product labels (CDs or USB are preferred). However, paper copies are also accepted.
2. Appropriate fee remittance MUST BE made payable to the Illinois Department of Agriculture.
3. **The U.S. EPA registration number must appear on all labels before Illinois registration can be completed.**
4. Formulator or manufacturer name and address must be shown. Active ingredient and percentage must be shown.
5. Each registration permits sale of the product until cancellation or the end of the designated registration period.
6. Failure to complete all the information required will prevent this form from being processed.
7. All company and product registrations expire at the end of the 2 year period (December 31st). Renewals must be postmarked by January 31, 2022 to avoid any late fees. Renewals postmarked after this date may be subject to a \$100 late fee per product.

NOTE: IL does not have a discontinuance policy, a product is either "cancelled" or "active". If you would like to cancel a product, you may simply mark the name off on the renewal list.

Product or Brand of Pesticide listing

US EPA Registration Number

Printed Name and Title of Authorized Representative: _____

FEIN # _____

Telephone: _____

Signature: _____

Date: _____

This agency is requesting disclosure of information that is necessary to accomplish the statutory purposes as outlined under 415 ILCS 60/1. Failure to provide this information shall prevent this form from being processed. This form has been approved by the state forms management center.

For Office Use Only:

Check #: _____ RC - 504 \$ _____ RC - 580 \$ _____

Amount: \$ _____ RC - 516 \$ _____ RC - 581 \$ _____ Date Registration Accepted & Valid: _____