

**STATE OF ILLINOIS**  
**DEPARTMENT OF AGRICULTURE**

**Application for Registration**  
**Pesticide Products - 2024 & 2025**

Registration Fees: \$1,000 per Company for 24 month period (2024 & 2025)  
\$800 per Product for 24 month period (2024 & 2025)

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 (USB/digital format is 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 31<sup>st</sup>). Renewals must be postmarked by January 31, 2024 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: \_\_\_\_\_