

Pesticide Product Registration Application

New York State Department of Environmental Conservation

Division of Materials Management

Pesticide Product Registration Section 625 Broadway, Albany, NY 12233-7257

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Payor		

Office Use Only

https://www.dec.ny.gov/environmental-protection/pesticides/product-registration/new-products Email: ppr@dec.ny.gov

1. Registration Type (Refer to the instructions and application chec	eklists on the next page)				
☐ Initial Basic Registration ☐ Supplemental Distributor Registration	stration				
☐ New Active Ingredient ☐ Major Change in Labeling					
Experimental Use Permit Special Local Need					
2. Company Information					
	Payment enclosed or Email me an invoice				
EPA Company Number					
Company Name					
Mailing Address					
City	State Zip Code				
3. List Pesticide Products Below (Attach additional sheets if necessary)					
EPA REG. NO.	PRODUCT NAME				
4. Registering Official					
	nd a true representation of the enclosed application and in compliance criminal penalties for willfully concealing, misrepresenting or				
Name of Registering Official (Please Print)					
Signature	Phone				
Date	Email				

Instructions

This is a fillable form. All necessary fields (except signature) may be filled using Adobe Acrobat. This form may also be printed and filled by hand. When filling electronically, use the Tab key to advance to the next field. Please do not make any marks in the **Office Use Only** box. Please call the Pesticide Product Registration Section at (518) 402-8768 or email ppr@dec.ny.gov with any questions.

- 1. Check the appropriate registration type. Visit the Pesticide Product Registration webpage for more information: (https://www.dec.ny.gov/environmental-protection/pesticides/product-registration/new-products).
- 2. Enter the EPA Company Number of the company who will be responsible for the registration. Enter the company name, mailing address, city, state and zip code of the registering firm (where correspondence/registration certificates will be sent).
- 3. Enter the EPA registration number and product name for all products being registered. If more than eight products are being registered, please attach additional sheets.
- 4. Print the name, phone number and email address of the company's registering official. Sign and date the application.
- 5. Consult the checklists below regarding application requirements.
- 6. Application fees are \$620* per product. Payment options: Either include a check (payable to Commissioner, NYSDEC) for the non-refundable application fee or the Department will send you an invoice via email. The invoice allows your company to pay via physical check, electronic check, debit card or credit card. Please note that transaction fees are added to certain payment types.

*If your company's gross annual sales (for the entire company) are \$3.5 million or less, the fee is \$600 per product provided that you submit a copy of the front page of your company's most recent annual federal income tax return with your application. Otherwise you will be invoiced \$620 per product.

Check off the following items to be included with your registration application (* denotes this item is needed for each product on the application). Please note that incomplete applications will be returned.

Initial Basic New Product	Supplemental Distributor New Product	Experimental Use Permit			
Application Form	Application Form	Application Form			
Check or Department will email invoice	Check or Department will email invoice	Check or Department will invoice			
*NY Product Information Form	*NY Product Information Form	*NY Product Information Form			
*1 Paper Copy (double-sided) of EPA Stamped Accepted Label and Applicable	*1 Paper Copy (double-sided) of EPA Stamped Accepted Label and Applicable	*Paper Copy of Federal EUP Label			
Notifications	Notifications	*Final EUP Label on Flash Drive			
*1 Paper Copy (double-sided) of Final Label	*1 Paper Copy (double-sided) of Final Label	*Supervisor and Cooperators			
*1 PDF of Final Label on Flash Drive	*1 PDF of Final Label on Flash Drive	*Proposed EUP Program in NY			
*CSF (EPA Form 8570-4) on Flash Drive	*CSF (EPA Form 8570-4) on Flash Drive	*Data Summaries If Active			
*Copy of ABN (if applicable)	*Notice of Supplemental Distribution (EPA Form 8570-5)	Ingredient Not Registered in NY			
Special Local Need	New Active Ingredient/Major Change in Labelin	ng			
Application Form	Application Form (4 Paper Copies)				
Check or Department will email invoice	Check or Department will email invoice				
*SLN Justification	*NY Product Information Form (4 Paper Copie	es)			
*NY Product Information Form	*EPA Stamped Label(s) (4 Paper Copies)				
*1 Paper Copy of EPA Stamped Label	*Final Product Label (4 Paper Copies)				
*1 Paper Copy of Final Product Labeling	*CSF (4 Paper Copies)				
*CSF (EPA Form 8570-4) on Flash Drive	*Safety Data Sheet (4 Paper Copies)				
*1 PDF of SLN Label on Flash Drive	*EPA Review Documents (4 Flash Drives)				
*1 Copy of EPA Application for SLN (EPA Form 8570-25) on Flash Drive	*Data Summaries (4 Flash Drives)				
*Supporting Data for SLN on Flash Drive	*Flash Drive Containing Electronic Copy of Final Product Label and CSF				