



Department of
Environmental
Conservation

Pesticide Product Registration Application

NYS Department of Environmental Conservation
Division of Materials Management
Pesticide Product Registration Section
625 Broadway, Albany, NY 12233-7257
Email: ppr@dec.ny.gov

For instructions on how to register a pesticide product,
please refer to: [https://www.dec.ny.gov/environmental-
protection/pesticides/product-registration/new-products](https://www.dec.ny.gov/environmental-protection/pesticides/product-registration/new-products)

NYS Office Use Only	
Payor	_____
App no.	_____
Invoice no.	_____
Check no.	_____
\$	_____
Received	_____
Emailed Invoice	_____

Refer to the instructions for electronic entry and application checklists on the next page

1. Registration Type

- | | |
|---|--|
| <input type="checkbox"/> Initial Basic Registration | <input type="checkbox"/> Supplemental Distributor Registration |
| <input type="checkbox"/> New Active Ingredient | <input type="checkbox"/> Major Change in Labeling |
| <input type="checkbox"/> Experimental Use Permit | <input type="checkbox"/> Special Local Need |

2. Method of Payment

- Payment enclosed E-mail me an invoice

3. Company Information

EPA Company Number

Company Name

Mailing Address

City

State

Zip Code

4. List Pesticide Products Below (Attach additional sheets as needed)

EPA REG. NO.

PRODUCT NAME (as it appears on the final label)

5. Registering Official

I certify that the information supplied herein is accurate, complete and a true representation of the enclosed application and in compliance with 6NYCRR Part 326. I also understand that I may be subject to criminal penalties for willfully concealing, misrepresenting, or falsifying facts on this application.

Name of Registering Official (Please Print)

Signature

Phone

Date

Email



Pesticide Product Registration Application

INSTRUCTIONS

This form may be printed and filled by hand. Alternatively, all necessary fields (except signature) may be filled using Adobe Acrobat Fill & Sign. When filling electronically, click within each field to enter information. 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. Select the Method of Payment
Application fees are \$620* per product.
 - a. *If your company's gross annual sales (for the entire company) are \$3.5 million or less, **and** you submit a copy of the front page of your company's most recent annual federal income tax return with your application, the fee is \$600 per product.
 - b. **Payment options:**
 - i. Include a check (payable to Commissioner, NYSDEC) for the non-refundable application fee **or**
 - ii. 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.
3. 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).
4. 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.
5. Print the name, phone number and email address of the company's registering official. Sign and date the application.

THE DOCUMENTS REQUIRED FOR **ALL** REGISTRATION APPLICATIONS ARE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Application Form | <input type="checkbox"/> Check (or department will email invoice) | <input type="checkbox"/> NY Product Information Form for each product on the application |
|---|---|---|

The following files are also required, for **each product** on the application form, based on the type of application:

Initial Basic Registration. of a New Product

- 1 Paper Copy (double-sided) of EPA Stamped Accepted Label and Applicable Notifications
- 1 Paper Copy (double-sided) of Final Product Labeling
- 1 PDF of Final Label on flash drive or by email
- CSF (EPA form 8570-4) on flash drive or by email
- Copy of ABN, if applicable

New Supplemental Distributor of a Product

- 1 Paper Copy (double-sided) of EPA Stamped Accepted Label and Applicable Notifications
- 1 Paper Copy (double-sided) of Final Product Labeling
- 1 PDF of Final Label on flash drive or by email
- CSF (EPA form 8570-4) flash drive or by email
- Notice of Supplemental Distribution (EPA form 8570-5)

Experimental Use Permit

- Paper copy of Federal EUP label
- Final EUP label on flash drive
- Supervisor and cooperators
- Proposed EUP program in NY
- Data summaries if Active Ingredient is not registered in NY

Special Local Need

- 1 Paper Copy (double-sided) of EPA Stamped Accepted Label and Applicable Notifications
- 1 Paper Copy (double-sided) of Final Product Labeling
- SLN Justification
- CSF (EPA form 8570-4) on flash drive or by email
- 1 PDF of SLN Label on flash drive or by email
- 1 Copy of EPA Application for SLN (EPA Form 8570-25) on flash drive or by email
- Supporting Data for SLN on flash drive or by email

New Active Ingredient/ Major Change in Labeling

NOTE: 4 copies of the Application Form and Product Information Form are also required

4 Copies each:

- Paper Copy (double-sided) of EPA Stamped Accepted Label and Applicable Notifications
- Paper Copy (double-sided) of Final Product Labeling
- Paper CSF
- Paper Safety Data Sheet
- Flash drive or email containing EPA review documents
- Flash drive or email containing electronic copy of Final Product Label and CSF