

IF YOU ARE UNABLE TO SELECT THE FORM FIELDS IN ADOBE ACROBAT: select All Tools, Fill & Sign, and click inside each field to enter information.

PRODUCT INFORMATION FORM (Please see instructions on the next page)

New York State Department of Environmental Conservation
 Pesticide Product Registration Section
 625 Broadway, Albany, NY 12233-7257

1. EPA REG. NO. - -

2. Product Name

3. ACTIVE INGREDIENTS (As shown on product label, attach additional pages as needed)

		Percentage
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/> %
3.	<input type="text"/>	<input type="text"/> %
4.	<input type="text"/>	<input type="text"/> %
5.	<input type="text"/>	<input type="text"/> %

NYS OFFICE USE ONLY

Payor: _____

NYSPAD Product ID: _____

Restricted Code: _____

Attachments:

CSF

ABN

NSD

AI Code: _____

EPA Dates:

NYS OFFICE USE ONLY

TYPE		USE		FORMULATION	SIGNAL WORD	TOXICITY	LABEL CONDITIONS
<input type="checkbox"/> Algaecide	<input type="checkbox"/> Miticide	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Institutional	<input type="checkbox"/> Solid	<input type="checkbox"/> Danger	<input type="checkbox"/> Aquatic Inv.	<input type="checkbox"/> Groundwater Adv.
<input type="checkbox"/> Antifoulant	<input type="checkbox"/> Molluscicide	<input type="checkbox"/> Aquatic	<input type="checkbox"/> Laundry	<input type="checkbox"/> Liquid	<input type="checkbox"/> Warning	<input type="checkbox"/> Bees	<input type="checkbox"/> Surface Water Adv.
<input type="checkbox"/> Antimicrobial	<input type="checkbox"/> Mosq. Adulticide	<input type="checkbox"/> Cannabis	<input type="checkbox"/> Livestock	Density (lb/gal): _____	<input type="checkbox"/> Caution	<input type="checkbox"/> Birds	<input type="checkbox"/> No Aerial in NY
<input type="checkbox"/> Avicide	<input type="checkbox"/> Mosq. Larvicide	<input type="checkbox"/> Commercial	<input type="checkbox"/> Manufacturing		<input type="checkbox"/> None	<input type="checkbox"/> Domestic Animals	<input type="checkbox"/> Limited Aerial in NY
<input type="checkbox"/> Contraceptive	<input type="checkbox"/> Nematicide	<input type="checkbox"/> COVID-19	<input type="checkbox"/> Non-Crop	SPECIAL	ROUTE OF EXPOSURE	<input type="checkbox"/> Fish	<input type="checkbox"/> No Use on L.I.
<input type="checkbox"/> Defoliant	<input type="checkbox"/> Piscicide	<input type="checkbox"/> Dom. Animal	<input type="checkbox"/> Nursery	<input type="checkbox"/> Biopesticide		<input type="checkbox"/> None	<input type="checkbox"/> Partial Use on L.I.
<input type="checkbox"/> Disinfectant	<input type="checkbox"/> Plant Inc. Prot.	<input type="checkbox"/> EPA List Q tier 1	<input type="checkbox"/> Ornamental	<input type="checkbox"/> Reduced Risk	<input type="checkbox"/> Dermal	<input type="checkbox"/> Wildlife	<input type="checkbox"/> No app. to Water
<input type="checkbox"/> Fungicide	<input type="checkbox"/> Repellent	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Personal		<input type="checkbox"/> Eyes	NYS PPR NOTES	<input type="checkbox"/> No app. w/in 100ft of water
<input type="checkbox"/> Growth Regulator	<input type="checkbox"/> Rodenticide	<input type="checkbox"/> Hemp	<input type="checkbox"/> Residential		<input type="checkbox"/> Inhalation		<input type="checkbox"/> No app to wetland
<input type="checkbox"/> Herbicide	<input type="checkbox"/> Sanitizer	<input type="checkbox"/> Hemp EPA label	<input type="checkbox"/> Seed Treatment		<input type="checkbox"/> None		<input type="checkbox"/> Limited app to wetland
<input type="checkbox"/> Insecticide	<input type="checkbox"/> Termiticide	<input type="checkbox"/> Home Garden	<input type="checkbox"/> Structural		<input type="checkbox"/> Oral		<input type="checkbox"/> NY specific max rate
<input type="checkbox"/> Mildewstatic	<input type="checkbox"/> Wood Preserve	<input type="checkbox"/> Hospital	<input type="checkbox"/> Swim. Pool/ Spa				
		<input type="checkbox"/> Household	<input type="checkbox"/> Turf				
		<input type="checkbox"/> Industrial					

PRODUCT INFORMATION FORM INSTRUCTIONS

Complete a separate Product Information Form for each product listed on the application form. This is a fillable form. All necessary fields may be filled and then printed. The form may also be printed or copied and filled by hand. The information requested on this form should be taken directly from the final product label. Please refer to the Pesticide Product Registration Section webpage at <https://www.dec.ny.gov/environmental-protection/pesticides/product-registration> for further information regarding pesticide product application procedures in New York. PLEASE DO NOT MAKE ANY MARKS IN THE **OFFICE USE ONLY** BOXES.

Please call (518) 402-8768 or email ppr@dec.ny.gov with questions.

1. Enter the product EPA Registration Number in the appropriate boxes. The third box will *only* be used for Supplemental Distributor products.
2. Enter the product name in the field provided.
3. Enter the active ingredients and percentages as shown on the final product label.
4. If product is Reduced Risk, attach reduced risk confirmation letter