



**LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY**  
**Mike Strain DVM, Commissioner**

Agricultural & Environmental Sciences, 5825 Florida Blvd., Suite 1003, Baton Rouge, LA 70806, (225) 925-3789, FAX (225) 237-5861

**INITIAL PESTICIDE/PHARMACEUTICAL REGISTRATION**

Contact Person:

USAPlants ID:

Pin ID:

LDAF ID No.:

Phone No.:

Fax No.:

Emergency Phone No.:

E-mail:

Fee Schedule	Sec. 3, Sec. 25(b), and Pharmaceutical	Sec. 24(c)	State EUP
(Per product)	\$400	\$100	\$200

Invoiced Products	Invoiced Fees

Print Date:

If your company does not have a current pesticide registration account, please fill out the company contact information below.

Company Name							
C/O Agent Name							
Mailing Address (Company)							
City			State	Zipcode		-	
Physical Address (Company)							
City			State	Zipcode		-	
Mailing Address (Agent)							
City			State	Zipcode		-	
Phone				Fax			
Primary Contact Name				Emergency Contact Name			
First				First			
Last				Last			
Suffix				Suffix			
Phone				Phone			
Ext				Ext			
Email				Email			
Invoiced Products	Initial Registrations	Products Deleted*	Revised Invoice	Revised Invoice Total			
	+	-	=	x	\$400.00	=	\$ .00

\* Products withdrawn from registration must be indicated on the attached product list.

I certify that the information on this form is true and correct to the best of my knowledge.

Signature	Date					Name								
						Title								

No photocopies accepted. **DO NOT SEND CASH.**

Remit to: Louisiana Department of Agriculture and Forestry, 5825 Florida Blvd., Suite 1003, Baton Rouge, LA 70806

(Rev. 9/2016)

OFFICE USE	
Transmittal #	
Check #	
Date	
Amt. \$	

INITIAL REGISTRATION      REGISTRATION YEAR:

Product Name:				
EPA Reg. No./Other	Product Type	Toxicity	Pesticide Class (GUP, RUP)	Sec. 25(b)
Active Ingredient		Percent %	Sec. 24(c) SLN	State EUP

INITIAL REGISTRATION      REGISTRATION YEAR:

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