

APPLICATION FOR REGISTRATION OF PESTICIDES IN IOWA

Iowa Department of Agriculture and Land Stewardship
 Pesticide Bureau—Attn: Product Registrations
 Wallace State Office Building -- 502 E. 9th Street
 Des Moines, IA 50319
 Phone: 515-281-8591 FAX: 515-242-6497
[Http://www.iowaagriculture.gov/pesticides.asp](http://www.iowaagriculture.gov/pesticides.asp)

Registration fee for new products: \$250.00 each

Specific information and instructions are on the reverse side of this page.

Application is hereby made for the registration of the following pesticide products through December 31, _____(year). Remittance, payable to the Iowa Department of Agriculture and Land Stewardship (IDALS), is enclosed to cover the annual registration fee(s).

Registration submitted BY: (product renewals & receipts will go to this address)		EPA-Assigned Company Number or Iowa Agent ID:	
Company/Firm			
Division of		Is this a new address or agent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact person & title		Signature & Date 	
Mailing address			
City		Country (if not USA)	
State/Province		ZipCode+4 or Postal Code	
Primary phone w/area code		Alternate phone w/area code	
FAX w/area code		Contact e-mail address	
Company web site			

Registration(s) submitted FOR:	<input type="checkbox"/> Same as above	EPA-Assigned Company Number:
Submitted for Firm:	City, State, Zip	

IDALS USE ONLY	EPA Reg. No.	Brand — Trade name — Grade	RUP*	Type*	ALSTAR*	Fee	Penalty*	Total
			<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	\$250	\$	\$
			<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	\$250	\$	\$
			<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	\$250	\$	\$
			<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	\$250	\$	\$

Page _____ of _____ page(s) *See instructions reverse side of this form.	Your Check Number: _____	Form Total: \$
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IDALS USE ONLY					
PRODPROCDATE:	PAYMENT ENTERED <input type="checkbox"/>	FORM #	BATCH #		\$
PROCESSED: <input type="checkbox"/>	HELD: <input type="checkbox"/>	REPROCESSED: <input type="checkbox"/>	REPROCDATE:	SUB FORM #	SUB BATCH#

INSTRUCTIONS: This form is for the registration of new pesticide products only. If you need to renew previously-registered products please contact the Pesticide Bureau to request a renewal package. Phone 515-281-8591 or pesticides@iowaAgriculture.gov

Application for registration: Submit original only. A confirmation of registration will be provided by return mail.

Registration submitted BY: Enter the requested information for the company or agent responsible for the registration of pesticide products. *Receipts and renewal forms will be directed to this address.* If you are a new agent, a letter of authorization from the registrant also needs to be included.

Registration submitted FOR: Enter the name of the company, distributor or subsidiary for which registration is being applied for. If this information is the same as the 'submitted by' information, please check the box, "Same as above."

IDALS use only: Leave these areas blank.

EPA Reg. No. Enter the product EPA Registration Number for the product.

Brand/Trade name/Grade: List the complete brand name, trade name, and if applicable, grade of the pesticide product as shown on the final printed labeling.

RUP: ✓"Yes" if the product is classified as a "Restricted Use Pesticide." ✓"No" if the product is not classified as an RUP.

TYPE: Enter the appropriate code for each product from the following list:

Type Code	Description
01	FIFRA Section 3
02	Special Local Need /24(c)
03	Section 18
04	EUP-Experimental Use
05	Exempt from Section 3 FIFRA registration such as FIFRA 25(b) Minimum Risk Pesticides

ALSTAR: ✓ "No" if this company is not an ALSTAR participant. DO NOT submit labels via CD.

✓ "Yes" if the new product label is being submitted via ALSTAR and provide ALSTAR Company Label ID below the product name..

(for more information about the ALSTAR system, please go to <http://ppis.ceris.purdue.edu/alstar.htm>)

FEE: All new product registrations are subject to the minimum \$250 registration fee per product. All registrations expire December 31 of the year registered.

PENALTY: A penalty of 25% of the registration fee due (\$62.50 for new products) if the product has been found in the channels of trade without being registered by IDALS. *(Exception: discontinued pesticides as described in Iowa Administrative Code 21-45.3.)*

TOTAL: Add the registration fee and penalty due (if any) and enter in this column.

YOUR CHECK NUMBER AND FORM TOTAL AMOUNT ENCLOSED: To aid in processing, please note your check number and total amount submitted.

REGISTRATION RENEWALS: Registrations must be renewed each calendar year. IDALS mails renewal forms each November to the entity on record for handling Iowa pesticide product registration issues for a registrant. The annual renewal fee is based on one-fifth of one percent (0.002) of the gross sales of each product distributed in the state of Iowa for the previous calendar year with a minimum fee of \$250 per product and a maximum of \$3,000 per product.

Iowa requires a two-year discontinuance period before product registrations are eligible for cancellation by the registrant or authorized agent.

SUBMIT YOUR APPLICATION TO IDALS:

Review the check list below to ensure completeness of your application:

- All information is completed on the application form.
- Application is signed and dated.
- Fees are correctly calculated
- Check in the correct amount made payable to IDALS.
- Check number written in space provided on the application form
- One LEGIBLE copy of complete product labeling provided (see requirements at right) in printed form — **do not submit labels on CD.**

For ALSTAR Participants: Please ensure you have completed the following:

- uploaded the new product label to ALSTAR for Iowa
- checked "Yes" in the ALSTAR column of the application form
- Provided the ALSTAR Company Label ID on the application form
- Send completed application form, payment (payable to "IDALS") and supporting documentation to:

IDALS—Pesticide Bureau
Attention: Product Registrations
Henry A. Wallace Building—502 East 9th St.
Des Moines, IA 50319-0051

Incomplete applications will be returned without processing.

The State of Iowa reserves the right to approve, accept, disapprove or reject any registration for a reasonable period of time and attaches no legal rights or obligations to the immediate processing of your remittance.