



Connecticut Department of
 Energy & Environmental Protection
 Bureau of Materials Management & Compliance Assurance
 Engineering & Enforcement Division

CALENDAR YEAR 2018

APPLICATION FOR REGISTRATION OF PESTICIDES

Company Name and Address: 	Signature of Applicant or designated agent <hr/> Printed name: <hr/> <p>IMPORTANT: Signature certification statement is included in the instructions (DEEP-PEST-INST-003)</p>
<p>Application is hereby made for the registration of pesticides listed on this form and on any attached continuation sheets. Labels and Safety Data Sheets are included for each product.</p> <p>Date of application: _____</p>	<p>Return To: Central Permits Processing Unit Department of Energy and Environmental Protection 79 Elm Street Hartford, CT 06106-5127</p>
Phone: E-Mail:	EPA Company Number:

*Registration Fee Calculator For 2018

First Letter of Company Name	Registration Fee Per Product (a)	Number of Products (b)	Total Registration Fee (a) x (b)
<input type="checkbox"/> A-B [1359]	\$376.00		
<input type="checkbox"/> C-E [1358]	\$188.00		
<input type="checkbox"/> F-L [278]	\$940.00		
<input type="checkbox"/> M-R [1361]	\$752.00		
<input type="checkbox"/> S-Z [1360]	\$564.00		

*Check the box indicating the first letter of the company name. Do not use prefixes when making this determination. For example, the fee for "A. B. Company" is based on the letter "C" for "Company" and not on the letter "A". Multiply the number of product(s) being registered by the fee indicated to determine the total registration fee. For a company whose name has changed during the five year registration cycle, calculate new product registration fees based on the old company name until the end of the 5 year registration cycle. Refer to the **instructions** to determine if a product must be registered.

Make checks payable to: "Department of Energy and Environmental Protection".

Send questions regarding the calculation of registration fees to deep.pesticideprogram@ct.gov.

Product Registration List

Product To Be Registered	EPA Registration Number	Neonicotinoid?*
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

* Does this product act selectively on the nicotinic acetylcholine receptors of an organism?

Check here if additional sheets are necessary. Label and attach them to this sheet.

If completing the form electronically click on "tab" in the far right last cell to add more rows.