Ohio Department of Agriculture
PLANT HEALTH / Pesticide and Fertilizer Regulation Section
8995 East Main Street, Reynoldsburg, OH 43068-3399
Telephone: (614) 728-6987 Fax: (614) 728-4235
www.agri.ohio.gov Email: pesticides@agri.ohio.gov

APPLICATION FOR REGISTRATION OF AN AGRICULTURAL ADDITIVE

ELECTRONIC LABELS IN PDF FORMAT ARE REQUIRED PAPER LABELS WILL NOT BE ACCEPTED.

In accordance with the provisions of Section 905.03, of the Ohio Revised Code, application is made for registration of the following agricultural additive for **JANUARY 1, 20__ through DECEMBER 31, 20__.**

COMPANY ID: _____

NAME: _____ **SUBMITTED BY:** _____

ADDRESS: _____ **ADDRESS:** _____

CITY, STATE, ZIP: _____ **CITY, STATE, ZIP:** _____

OHIO COUNTY: _____ **OHIO COUNTY:** _____

PHONE NUMBER: _____ **PHONE NUMBER:** _____

FAX NUMBER: _____ **FAX NUMBER:** _____

E-MAIL ADDRESS: _____ **E-MAIL ADDRESS:** _____

PAYMENT REQUIRED: Remittance of $50.00 per product payable to the Ohio Department of Agriculture must be enclosed. Payment by check, money order, or credit card only:

Payment Method: ☐ Check #_____ ☐ Money Order ☐ Visa ☐ Mastercard

Amount: ☐☐☐☐☐ X $50.00 =$ ☐☐ , ☐☐☐ . ☐☐

If paying with credit card, the following information is required before payment can be processed:

Name on Credit Card: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Credit Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date: ☐☐ (MM) ☐☐☐☐ (YYYY) ☐☐☐ (CVV)

Signature (**required**):

Brand Name: _____

Purpose or Proposed Use: _____

Directions for Use: _____

Expected Results or Effects:

GUARANTEED ANALYSIS			
Active Ingredients		**Inert Ingredients**	
	%		%
	%		%
	%		%
MICROBIAL INFORMATION IF APPLICABLE			
Viable Organisms		**Number/ml. or g.**	
	%		%
	%		%
	%		%

Evidence of Efficacy: Please attach a label and sufficient efficacy information to substantiate label claims.

CERTIFICATE OF REGISTRATION

When signed under authority of the Ohio Department of Agriculture, this certifies that the agricultural additive has been duly registered, registration fee paid, and its sale in Ohio authorized during the period stated above.

SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____ **TITLE:** _____