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| DARM-BACM-012 (rev. 09/2025) | | | | | | | | | | | | | | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Division of Agricultural Resource Management  Bureau of Agrichemical Management  Phone: (608) 294-0557  Email: [DATCPPesticideRegistration@Wisconsin.gov](mailto:DATCPPesticideRegistration@Wisconsin.gov) | | | | | | | | OFFICE USE ONLY | | | | | |
| Date Received: | | | | | |
| Date Issued: | | | | | |
| Pesticide Manufacturer and Labeler License Application | | | | | | | | | | | | | | |
| *Personal information you provide may be used for purposes other than that for which it was originally collected* [Wis. Stat. § 15.04(1)(m)]*.  Completion of this form is necessary to obtain a Pesticide Manufacturer and Labeler License* [Wis. Stat. § 15.04(1)(m) and Wis. Stat. § 94.68(2)]. | | | | | | | | | | | | | | |
| Wis. Stat. §§ 94.68 and 94.681 §§ ATCP 29.10 and 29.11 | | | | | | | | | | | | | | |
| For the license period ending December 31, 2026. | | | | | License No. *(if known*): | | | | | | | | | |
| If your address has changed, make corrections to pre-printed areas. | | | | | | | | | | | | | | |
| MAILING ADDRESS: (if different than business address) | | | | | LEGAL BUSINESS NAME: | | | | | | | | | |
| BUSINESS ADDRESS: | | | | | PO BOX: | | | | |
| CITY: | | STATE: | | | | | | | ZIP CODE: |
|  | | | | | | | | | |
| DOING BUSINESS AS NAME (D/B/A): | | | | | EPA REGISTRANT OR SUB-REGISTRANT NUMBER: | | | | | | | | | |
| **Additional names and addresses shown on labels:** | | | | | | | | | | | | | | |
| CONTACT NAME: | | | | | | | | | | | | | | |
| ADDRESS: | | | | CITY: | | | | STATE: | | | | | ZIP CODE: | |
| CONTACT NAME: | | | | | | | | | | | | | | |
| ADDRESS: | | | | CITY: | | | | STATE: | | | | | ZIP CODE: | |
| **Please answer the following questions:** | | | | | | | | | | | | | | |
| 1. Does your firm produce any of the active ingredients used in pesticide products? | | | | | | | | | | | Yes  No | | | |
| 1. Does your firm produce any EPA-registered pesticides which are labeled as:   “MANUFACTURING USE ONLY” OR “FOR FURTHER FORMULATION ONLY”? | | | | | | | | | | | Yes  No | | | |
| PLEASE NOTE: | | If you answered YES to either question, your firm is classified as a “PRIMARY PRODUCER”  and is subject to an additional $150.00 annual fee (well compensation fee). (Wis. Stat. *§* 94.681(4)  and Wis. Admin. Code *§ ATCP 29.11(4)).* | | | | | | | | | | | | |
| AFFIRMATION | | | | | | | | | | | | | | |
| I hereby certify that the information submitted on this form and any attached pages is complete and accurate, and I have the authority to sign this application. | | | | | | | | | | | | | | |
| SIGNATURE: | | | TITLE: | | | | | | | | | DATE: | | |
| PRINT NAME: | | | PHONE:  (  )  - | | | EMAIL: | | | | | | | | |
| FOR NEW APPLICANTS:  *This form must be included with a New Pesticide Product Registration Form (DARM-BACM-013) or a  Minimum Risk Pesticide Product Registration Form (DARM-BACM-014).* | | | | | | | | | | | | | | |