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| DARM-BACM-012 (rev. 09/2025) |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionDivision of Agricultural Resource ManagementBureau of Agrichemical ManagementPhone: (608) 294-0557Email: 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).* |