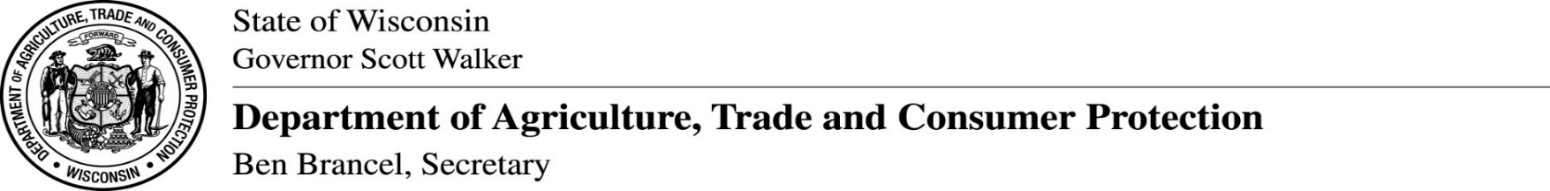
ARM-ACM-148

(Rev. 9/2021)



Wisconsin Department of Agriculture, Trade and Consumer Protection (WDATCP) Division of Agricultural Resource Management

Madison, WI 53708

(608) 224-4536

[DATCPPesticideRegistration@Wisconsin.gov](mailto:DATCPPesticideRegistration@Wisconsin.gov)

License No.

Wis. Stat. §§ 94.68 and 94.681

Wis. Admin. Code §§ ATCP 29.10 and 29.11

**Pesticide Manufacturer and Labeler License Application**

# For the license period ending December 31, 2022

|  |  |
| --- | --- |
| MAILING ADDRESS (if different than business address)    IF YOUR ADDRESS HAS CHANGED, MAKE CORRECTIONS TO PRE-PRINTED AREAS | LEGAL BUSINESS NAME  Click or tap here to enter text. |
| BUSINESS ADDRESS  Click or tap here to enter text. |
| BUSINESS CITY/ZIP  Click or tap here to enter text. |

Doing Business As: Click or tap here to enter text.

EPA Registrant or Sub-registrant Number: Click or tap here to enter text.

|  |
| --- |
| **Additional Names and Addresses Shown On Labels** |

Contact Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

City, State Zip: Click or tap here to enter text.

Contact Name: Click or tap here to enter text. Address: Click or tap here to enter text.

City, State Zip: Click or tap here to enter text.

|  |  |
| --- | --- |
| **Please Answer The Following Questions:** | |
| 1. Does your firm produce any of the active ingredients used in pesticide products?  YES  NO | |
| 2. Does your firm produce any pesticides which are EPA registered as:  **“MANUFACTURING USE ONLY” OR “FOR FURTHER FORMULATION ONLY”**?  YES  NO | |
| If you answered **YES** to either question, your firm is classified as a **“PRIMARY PRODUCER”**  **PLEASE NOTE:**  and is subject to an additional $150.00 fee (well compensation fee). | |
| **AFFIRMATION:**  I hereby certify that the information submitted on this form and any attached  pages are complete and accurate, and I have the authority to sign this application. | |
| Name:  Click or tap here to enter text. | Title:  Click or tap here to enter text. |
| E-Mail Address:  Click or tap here to enter text. | Phone:  Click or tap here to enter text. |
| Signature:  Click or tap here to enter text. | Date:  Click or tap here to enter text. |
| **OFFICE USE ONLY:** | |
| Date Received: | Date Issued: |

Personal information you provide may be used for purposes other than that for which it was originally collected [Wis. Stat. § 15.04(l)(m)].