ANTIFREEZE REGISTRATION

Code 208A.4 & 208A.5

The antifreeze registration requirements are as follows:

- 1. Either the manufacturer, packer, seller or distributor may be responsible for the registration.
- 2. The registration is permanent. <u>If there is a change in the label or formulation, then a new registration and a new gallon of antifreeze is required</u>.
- 3. Each brand of antifreeze must be registered. The registration fee is \$20.00 for each brand submitted. Please make check payable to the Iowa Department of Agriculture.
- 4. An application, along with the current label, must be submitted for each brand of antifreeze. If the product passes testing, then a certificate to permit the sale of that product in Iowa will be issued.
- 5. The application is to be signed before a notary public.
- 6. We request that you submit a one-gallon sample and the current label to be used on the antifreeze.

Mailing Address:

Iowa Department of Agriculture & Land Stewardship Weights & Measures Bureau 2230 South Ankeny Blvd.
Ankeny IA 50023

515-725-1492

APPLICATION FORM FOR ANTI-FREEZE PERMIT

(Inspection fee - \$20.00 for each brand submitted)

Name of Applicant:	Date:
Address:	
	n in the State of Iowa for the following brand of anti-freeze under a
Name or Brand of Anti-Freeze	PC Code No.
Name or manufacturer or person r	responsible for placing this commodity on market
Address o	f manufacturer or person
List all Patent Numbers applying to this product: _	
•	ving both Chemical term, Common name, beginning with one present
Percentage of water by volume present:	
Physical Properties: Net contents by weight and volume of each size co	ntainer:
Specific Gravity at 60° / 60° F	Distillation Range in ° F
Flash Point in °F	Fire Point in °F
Dilution to obtain °F (0°)	Dilution to obtain -20°F
Poison or Nonpoisonous	
herein is true and correct in every respect; (2) that the a	y sworn, deposes and declares: (1) that the information appearing bove declaration is the guarantee of the applicant as to the chemical (3) that labeling or ingredients will not be changed during this period; new permit will be obtained.
State of	County of ss.
Name of Applicant:	Address
Phone Number	Email
Signature and Title of person making oath	
Affidavit: Subscribed and Sworn to before me, this	day of
Term ending: 20 PB 12009 code 25	Signed(Notary Public)