

Office Use Only				
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Date				
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Amount				

APPLICATION FOR PESTICIDE PRODUCT REGISTRATION

ALSTAR member?	mber? Yes No If yes, please provide your Temporary Product ID:				57	
			If no, please attach an image of Distribution, if applicable.	of your label and t	he Notice of Sup	plementa
New company? Registrant	Yes	No	If no, please provide your Curre	nt Company ID: _	Example: 0003XS	
Mailing Address Submitted By			Registrant's PO Box or Street	City	State	Zip Code
Mailing Address			Name of business if different	than Registrant		
Filled out by			PO Box or Street	City	State	Zip Code
Date	Name and Title Telephone E-mail					

ake checks payable to:

New Mexico Department of Agriculture (NMDA) - Pesticide Compliance
Shipping & Receiving Department
1050 Stewart Street
PO Box 30005 - MSC 3AQ
Las Cruces, NM 88003

Classification (GUP, EPA-RUP, NM-RUP)	Product Name	New Active Ingredient?		EPA Registration Number (or 25(b) or Device if applicable)
		Yes	No	



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Classification (GUP, EPA-RUP, NM-RUP)	Product Name	New Active Ingredient?	EPA Registration Number (or 25(b) or Device if applicable)
		Yes No	
		Yes No	