

PRODUCT INFORMATION FORM INSTRUCTIONS

Complete a separate Product Information Form for each product listed on the application form. This is a fillable form. All necessary fields may be filled using Adobe Acrobat and then printed. The form may also be printed or copied and filled by hand. The product information requested on this form should be taken directly from the final product label. Please refer to the Pesticide Product Registration Procedures booklet at <http://www.dec.ny.gov/chemical/8528.html> for further information regarding pesticide product application procedures in New York State. PLEASE DO NOT MAKE ANY MARKS IN THE **OFFICE USE ONLY** BOXES. Please call (518) 402-8768 or email ppr@dec.ny.gov with questions.

1. Enter the product EPA Registration Number in the appropriate boxes. The third box will only be used for supplemental distributor products.
2. Enter the product name in the field provided.
3. If applicable, indicate whether the product is a biopesticide or was classified as reduced risk by the EPA. If reduced risk, please attach EPA confirmation letter.
4. Enter the active ingredients and percentages as shown on the final product label.