

PRODUCT INFORMATION FORM - Please see instructions on the next page

New York State Department of Environmental Conservation
 Pesticide Product Registration Section
 625 Broadway, Albany, NY 12233-7257

1. EPA REG. NO. - -

2. Product Name

3. If Applicable: Biopesticide Reduced Risk (Attach reduced risk confirmation letter)

4. ACTIVE INGREDIENTS (As shown on product label)

		Percentage
1.	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 5%; height: 25px;" type="text"/> %
2.	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 5%; height: 25px;" type="text"/> %
3.	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 5%; height: 25px;" type="text"/> %
4.	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 5%; height: 25px;" type="text"/> %
5.	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 5%; height: 25px;" type="text"/> %

Office Use Only

ABN Payor _____

_____ Restricted Code(s) _____

SRD

CSF EPA Dates

L: _____

Disk _____

Paper _____

Office Use Only

TYPE	USE	FORMULATION	SIGNAL WORD	TOXICITY	LABEL CONDITIONS		
<input type="checkbox"/> Adulticide <input type="checkbox"/> Algaeicide <input type="checkbox"/> Antimicrobial <input type="checkbox"/> Antifoulant <input type="checkbox"/> Avicide <input type="checkbox"/> Defoliant <input type="checkbox"/> Disinfectant <input type="checkbox"/> Fungicide <input type="checkbox"/> Growth Regul <input type="checkbox"/> Herbicide <input type="checkbox"/> Insecticide	<input type="checkbox"/> Larvicide <input type="checkbox"/> Miticide <input type="checkbox"/> Molluscide <input type="checkbox"/> Nematicide <input type="checkbox"/> Piscicide <input type="checkbox"/> Plant Inc. Prot. <input type="checkbox"/> Repellent <input type="checkbox"/> Rodenticide <input type="checkbox"/> Sanitizer <input type="checkbox"/> Termiticide <input type="checkbox"/> Wood Preserv	<input type="checkbox"/> Agricultural <input type="checkbox"/> Aquatic <input type="checkbox"/> Commercial <input type="checkbox"/> COVID-19 <input type="checkbox"/> Dom Animal <input type="checkbox"/> Greenhouse <input type="checkbox"/> Home Garden <input type="checkbox"/> Hospital <input type="checkbox"/> Household <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Laundry	<input type="checkbox"/> Livestock <input type="checkbox"/> Manufacturing <input type="checkbox"/> Non-Crop <input type="checkbox"/> Nursery <input type="checkbox"/> Ornamental <input type="checkbox"/> Personal <input type="checkbox"/> Residential <input type="checkbox"/> Seed Treatment <input type="checkbox"/> Structural <input type="checkbox"/> Swim. Pool/Spa <input type="checkbox"/> Turf	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid Density (lbs/gal): _____	<input type="checkbox"/> None <input type="checkbox"/> Caution <input type="checkbox"/> Warning <input type="checkbox"/> Danger ROUTE OF EXPOSURE <input type="checkbox"/> Oral <input type="checkbox"/> Dermal <input type="checkbox"/> Inhalation <input type="checkbox"/> Eyes <input type="checkbox"/> None	<input type="checkbox"/> Aquatic Inv. <input type="checkbox"/> Fish <input type="checkbox"/> Birds <input type="checkbox"/> Bees <input type="checkbox"/> Wildlife <input type="checkbox"/> Domestic Animals <input type="checkbox"/> None	<input type="checkbox"/> Groundwater Adv. <input type="checkbox"/> Surface Water Adv. <input type="checkbox"/> No aerial in NY <input type="checkbox"/> Limited aerial in NY <input type="checkbox"/> No use on L.I. <input type="checkbox"/> Partial use on L.I. <input type="checkbox"/> No app to water <input type="checkbox"/> No app w/100ft of water <input type="checkbox"/> No app to wetland <input type="checkbox"/> Limited app to wetland

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 information requested on this form should be taken directly from the final product label. Please refer to the Pesticide Product Registration Section's webpage at <http://www.dec.ny.gov/chemical/8528.html> for further information regarding pesticide product application procedures in New York. 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.