

**COMPANY NAME** 

Mailing Address

City

City

Signature

(Exactly As Appears On Label) Address Printed on Label

IS THIS A NEW ADDRESS? Yes

SUBMITTER COMPANY NAME (if other than registrant)

IS THIS A NEW ADDRESS? Yes

Contact Name (printed)

Office Use Only

ME Reg. No.

For Office Use Only

Check Number

Maine Board of Pesticides Control 28 State House Station Augusta, ME 04333-0028 207-287-2731

E-mail: pesticides.registrar@maine.gov Website: www.thinkfirstspraylast.org

## **NEW PESTICIDE PRODUCT REGISTRATION APPLICATION**

## READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FEE CALCULATION: Make check payable to: Treasurer, State of Maine.

Check Date

Amount

Posted By

CTIONS BEFORE COMPLETING THIS FORM.			Labe	Labels on ALSTAR			Reg. Year		
			ALSTAR Temp #			20			
_abel)					Maine Compa	ny No.			
					EPA Company No.				
	State/Province Country			Country	Zip Code				
SS? Yes No	Phone Number				Fax				
NAME					Maine Compa	ny No.			
					EPA Company	y No.			
				State	Zip Code				
SS? Yes No	Phone Number Fax					x			
		Title							
	Date	E-mail							
EPA Reg. No. (List in ascending numerical order.)	C	Complete Brand & Product Name				Use (F, S or G)	Aquatic Herbicide Use	Groundwater Advisory	
Make check payable to: 1 (All payments must be pay  Enter Number of Ne	yable <b>IN U.S. DOL</b> I	LARS ONLY				ILY)			

Date Approved by Registrar