



State of Oklahoma
Pesticide Registration
Effective on November 1, 2017
\$210/product
Every Product Label Must Be Registered

PESTICIDE REGISTRATION REQUIRED:

Every pesticide, 25b products or device distributed, sold, or offered for sale within the state of Oklahoma or delivered for transportation or transported in intrastate or interstate commerce shall be registered with Oklahoma Dept. of Agriculture, Food, & Forestry.

All pesticide registrations shall be issued for a period of one (1) year. The registration shall be renewed annually and shall expire on a date to be determined by the Board. Pesticide registrations may be renewed for the ensuing year, without penalty, if a properly completed application is filed with the Board not later than the fifteenth day of the month first following the date of expiration. If the application is not received by that date, a penalty of twice the amount of the renewal fee shall be charged for renewal of the pesticide registration.

Companies Which Start with:

- A, B, C, D, E & F Expires/ Renew March 31
- G, H, I, J, K, L & M Expires/ Renew June 30
- N, O, P, Q, R & S Expires/ Renew September 30
- T, U, V, W, X, Y & Z Expires/ Renew December 31

*****All labels and MSDS must be submitted in PDF format, ensure each file document is labeled with EPA Reg. # and name of the product with no commas. Each label and MSDS needs to be a separate document.***

25b Products: MUST BE REGISTERED. \$210/label – Submit a label and MSDS. If a product makes a pesticidal claim, it must be registered.

Devices: MUST BE REGISTERED. \$210/label – Submit a label and MSDS. The label should have an EPA Establishment Number on there.

24(c)/SLN: Must be registered each year. They **do not** automatically renew.

For EUPs: A complete copy of the use plan and label must be on file along with the contact information of the person responsible in Oklahoma. There are no fees for Section 18's or EUPs that are not for sale.

The State of Oklahoma subscribes to KRS - <http://www.kellysolutions.com/>. There is no charge to go to the web and review information to verify that your products have been registered.

Questions: thoa.nguyen@ag.ok.gov (405)522-5988

bill.taylor@ag.ok.gov (405)522-6347

Submit to: Oklahoma Department of Agriculture, Food, & Forestry
2800 N. Lincoln Blvd, Oklahoma City, OK 73105
<http://www.ag.ok.gov/cps-forms.htm>

Oklahoma Dept. of Agriculture, Food, and Forestry,
2800 N. Lincoln Blvd. OKC, OK 73105

Oklahoma Application For Pesticide Registration

Co. Name: _____ Receipt # _____ Total Fee: \$ _____

Co. EPA ID#: _____ Address: _____

Contact Person: _____ E-Mail: _____ Telephone: _____

Office Use Only:
Number of Products _____ Registration Year: _____

Office Use Only:
Date Accepted: _____ By: _____

<u>EPA REG. #</u>	<u>SPECIAL:</u>	<u>OKLA FILE#:</u>	<u>PRODUCT NAME</u>	<u>PDF LABEL/MSDS</u>
_____	_____	_____	_____	_____/_____
_____	_____	_____	_____	_____/_____
_____	_____	_____	_____	_____/_____
_____	_____	_____	_____	_____/_____
_____	_____	_____	_____	_____/_____
_____	_____	_____	_____	_____/_____
_____	_____	_____	_____	_____/_____
_____	_____	_____	_____	_____/_____

Pay by Credit Card: Card No. _____ Total Amount: \$ _____

Type of Card: _____ Visa _____ MasterCard _____ Discover _____ Exp. Date (MM/YYYY) _____/_____

Name on Card: _____

Thoa Nguyen: (405) 522-5988 or thoa.nguyen@ag.ok.gov
www.kellysolutions.com

Oklahoma Dept. of Agriculture, Food, and Forestry,
 2800 N. Lincoln Blvd. OKC, OK 73105

Oklahoma Application For Pesticide Registration

Co. Name: ABC Chemical Company ***EXAMPLE*** Receipt # _____ **Total:** \$420.00

Co. EPA ID#: 2011 **Address:** _____

Contact Person: Nancy Doe **E-Mail:** nancy.doe@abglobal.net **Telephone:** (800)325-1700

Office Use Only:
 Number of Products _____ Registration Year: _____

Office Use Only:
 Date Accept: _____ By: _____

<u>EPA REG. #</u>	<u>SPECIAL</u>	<u>OKLA FILE#</u>	<u>PRODUCT NAME</u>	<u>PDF LABEL/MSDS</u>
<u>1706-320-2011</u>	;	_____	<u>Flea & Tick Shampoo for Dogs</u>	<u>X</u> / <u>X</u>
<u>1839-12-2011</u>	;	<u>R</u>	<u>Resticted Pro-Formula Bug Killer</u>	<u>X</u> / <u>X</u>
_____	;	_____	_____	____/____
_____	;	_____	_____	____/____
_____	;	_____	_____	____/____
_____	;	_____	_____	____/____
_____	;	_____	_____	____/____
_____	;	_____	_____	____/____

Pay by Credit Card: Card No. _____ **Amount: \$** _____
Type of Card: _____ **Visa** _____ **Master Card** _____ **Discover** _____ **Exp. Date (MM/YYYY)** _____ / _____
Name on Card: _____