

# PPR

Oregon Department of Agriculture  
Pesticides Division  
(503) 986-4635



Form date 10/09

## Pesticide Product Registration (PPR) Application Form - Please Print Clearly

**Name** Company Name \_\_\_\_\_  
 Contact Name \_\_\_\_\_

**Contact** Phone \_\_\_\_\_ FAX \_\_\_\_\_  
 Email \_\_\_\_\_

**Mailing** Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

License # \_\_\_\_\_  
 AG-R \_\_\_\_\_ PPR

Registration for year  
 20\_\_\_\_\_

Registration Fee Schedule  
 Number of Products X \$160.00  
 Total due:\_\_\_\_\_

Check all that apply:  
 New Registrant  Product Renewal  New Product Registration

A/H/R/F*	EPA Registration No.	Specific Gravity**	Product Name

\*Please designate if product is an antimicrobial (A), primary use is in or around households (H), or classified as restricted use (R) or is a fertilizer/pesticide combination product (F). Use a separate sheet if additional space is needed.  
 \*\* Enter value to three decimal places (e.g. 1.234)

**FOR EACH PRODUCT REGISTERED, PROVIDE THREE (3) COPIES OF THE CURRENT MARKETING LABEL AND ONE (1) COPY OF THE EPA STAMPED/ACCEPTED LABEL UPON WHICH THE MARKETING LABEL IS BASED. DO NOT SEND MATERIAL SAFETY DATA SHEETS.**

Signature \_\_\_\_\_ Date (M/D/Y) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

For Checks or Money Orders, mail to: <b>Oregon Dept of Agriculture</b> PO Box 4395 Unit 16 Portland OR 97208-4395	For Credit Card Charges, complete below and mail or fax to: <b>Oregon Dept of Agriculture</b> 635 Capitol St NE Salem OR 97301-2532	Secure Fax: (503) 986-4746  Visa or MasterCard Accepted
Make checks payable to: <b>Oregon Department of Agriculture</b> . All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your registration.		
Name of Cardholder: _____		Phone: _____
Address of Cardholder: _____		City: _____ Zip: _____
Email or Fax receipt available for credit card payments <u>ONLY</u> . Print Email address or Fax# _____		
Signature: _____		Date: _____ Total Charges: \$ _____
Card Number: _____ / _____ / _____		Expiration Date: _____ / _____