



Kansas Department of Agriculture
 Accounts Receivable and Licensing
 1320 Research Park Dr.
 Manhattan, KS 66502
 785-564-6700, Fax: 785-564-7490
KDA.ARandLicensing@ks.gov

APPLICATION FOR PESTICIDE DEALER REGISTRATION

NEW _____ OR RENEWAL _____ (CHECK ONE) JULY 1, _____ THROUGH JUNE 30, _____

 Complete both Mailing Address information and Location Address information.

Mailing address _____	Location address _____
Contact _____	Contact _____
Co Name _____	Co Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____	Phone _____
E-Mail Address _____	

 If you sold any Restricted Use Products between January 1 and December 31 of the previous year, the Kansas Pesticide Law requires completion of Section B - Annual Report of Sales. Registration fee is based on annual sales. If your annual sales were less than \$2500.00 your registration will be \$25.00. If your annual sales were \$2500.00 or more, your registration will be \$100.00.

Section A

1. Do you sell Restricted Use Pesticides?

Please complete Section B - Annual Report of Sales on the reverse side.

- 2. Do you sell pesticides in containers larger than 55 gallons or 100 pounds dry weight?
- 3. Do you store bulk pesticide(s) to repackage/refill containers or for your own use?
- 4. Federal Employer Identification Number or Social Security Number is required should a refund be necessary.
 FEIN _____ or SSN _____
- 5. Registration fee is based on annual sales. Indicate your annual sales_

Less than \$2500	_____	(\$25.00 fee)
\$2500 or more	_____	(\$100.00 fee)

6. **Please sign, date, and return the application with the fee to the Kansas Department of Agriculture.**

I hereby apply to be registered as a Pesticide Dealer in the State of Kansas under the Kansas Pesticide Law, for the business location indicated hereon.

 Signature/Title _____ Date _____

For office use only
 DR _____ TR # _____ Ck # _____
 PDR _____ RED _____

ANNUAL REPORT OF SALES - RESTRICTED USE PESTICIDES

January 1, _____ through December 31, _____

Section B

Report only amounts sold to end user. Do not include amounts you applied

Report Total Quantity Sold_ GAL -Total Gallons or Fraction of Gallons of Net Contents

LBS -Total Pounds of Net Contents

CAN -Total Number of Canisters/Flasks of Fumigant (include weight per can/flask)

Product Name	EPA Reg No. or SLN No.	Total Quantity Sold			
		GAL	LBS	CAN/FLASK	WT PER CAN/FLASK

Use additional paper if necessary

For office use only
DR_____

TR # _____
PDR_____

Ck # _____
RED_____