



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

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_____