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| DARM-BACM-012 (Rev. 08/23) | | | | | | | | | | | | | | | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP)  Division of Agricultural Resource Management  Madison, WI 53708  (608) 294-0557  [DATCPPesticideRegistration@Wisconsin.gov](mailto:DATCPPesticideRegistration@Wisconsin.gov) | | | | | | | | | | License No. | | | | |
| Wis. Stat. §§ 94.68 and 94.681  Wis. Admin. Code §§  ATCP 29.10 and 29.11 | | | | |
| Pesticide Manufacturer and Labeler License Application | | | | | | | | | | | | | | | |
| For the license period ending December 31, 2024 | | | | | | | | | | | | | | | |
| MAILING ADDRESS (if different than business address) | | | | | | |  | | | | | | | | |
|  | | | | | | | LEGAL BUSINESS NAME | | | | | | | | |
| BUSINESS ADDRESS | | | | | | | | PO BOX |
| IF YOUR ADDRESS HAS CHANGED, MAKE CORRECTIONS TO PRE-PRINTED AREAS | | | | | | | CITY | | | | | | STATE | | ZIP |
|  | | | | | | | | |
| DOING BUSINESS AS NAME (D/B/A) | | | | | | | | EPA REGISTRANT OR SUB-REGISTRANT NUMBER | | | | | | | |
| Additional Names and Addresses Shown on Labels | | | | | | | | | | | | | | | |
| CONTACT NAME | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | **CITY** | | | | | | | | | STATE | | ZIP | |
| CONTACT NAME | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | **CITY** | | | | | | | | | STATE | | ZIP | |
| Please Answer the Following Questions: | | | | | | | | | | | | | | | |
| 1. Does your firm produce any of the active ingredients used in pesticide products? | | | | | | | | | YES  NO | | | | | | |
| 1. Does your firm produce any pesticides which are EPA registered as:   “MANUFACTURING USE ONLY” OR “FOR FURTHER FORMULATION ONLY”? | | | | | | | | | YES  NO | | | | | | |
| PLEASE NOTE: | | If you answered YES to either question, your firm is classified as a “PRIMARY PRODUCER”  and is subject to an additional $150.00 fee (well compensation fee). | | | | | | | | | | | | | |
| AFFIRMATION:  I hereby certify that the information submitted on this form and any attached pages are complete and accurate, and I have the authority to sign this application. | | | | | | | | | | | | | | | |
| SIGNATURE | | | | TITLE | | | | | | | | | DATE | | |
| PRINT NAME | | | | | PHONE | | | | | EMAIL | | | | | |
| OFFICE USE ONLY: | | | | | | | | | | | | | | | |
| DATE RECEIVED | | | | | | DATE ISSUED | | | | | | | | | |
| Personal information you provide may be used for purposes other than that for which it was originally collected [Wis. Stat. § 15.04(1)(m)].  Completion of this form is necessary to obtain a license [Wis. Stat. § 15.04(1)(m) and Wis. Stat. § 94.68(2)]. | | | | | | | | | | | | | | | |
| For New Applicants: This form must be included with a New Pesticide Product Registration Form (DARM-BACM-013) or a Minimum Risk Pesticide Product Registration Form (DARM-BACM-014). | | | | | | | | | | | | | | | |