



Kansas Department of Agriculture

1320 Research Park Dr.

Manhattan, KS 66502

785-564-6688

KDA.PestFert@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 # _____
PDR _____

Ck # _____
RED _____

