VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF PESTICIDE SERVICES
Phone: (804) 786-3798 • Fax: (804) 786-9149 • www.vdacs.virginia.gov

PESTICIDE DISPOSAL PROGRAM REGISTRATION

COMPLETE THE ENTIRE FORM. LIST ONLY THOSE PESTICIDE(S) THAT **REQUIRE DISPOSAL**. IF THE PESTICIDE IS UNKNOWN OR UNLABELLED, LIST IT AS "UNKNOWN" UNDER "PESTICIDE TRADE NAME" AND COMPLETE THE OTHER COLUMNS. IF THE PACKAGE IS PARTIALLY FILLED, ESTIMATE QUANTITY AS CLOSELY AS POSSIBLE. USE ADDITIONAL SHEETS IF NECESSARY.

RETURN COMPLETED REGISTRATION FORMS TO: JEFFREY ROGERS, VDACS-OPS, PO BOX 1163, RICHMOND, VA 23218 OR FAX 804-786-9149.

COUNTY/CITY _____ DATE _____

NAME (INDIVIDUAL OR BUSINESS) _____ CONTACT PERSON _____

MAILING ADDRESS _____

TELEPHONE NUMBER ( ) _____ NUMBER OF ADDITIONAL SHEETS ATTACHED _____

DO YOU HAVE PESTICIDES THAT **CANNOT** BE SAFELY TRANSPORTED TO THE COLLECTION SITE? ___ YES ____ NO
IF YES, PLEASE EXPLAIN _____

DO YOU HAVE PESTICIDES **IN EXCESS** OF 3000 POUNDS? ____ YES ____ NO

DO YOU HAVE ANY "UNKNOWN" PESTICIDES **GREATER THAN** 50 POUNDS FOR SOLIDS OR 5 GALLONS FOR LIQUIDS? _____ YES _____ NO

PESTICIDE TRADE NAME	ACTIVE INGREDIENT	QUANTITY (LBS OR GALS)	L (LIQUIDS) S (SOLIDS)	NO. & SIZE OF PACKAGES	
Example: Bicep	Atrazine + Metolachlor	10	L	4 - 2.5	

12/21/06

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NAME _____ DATE _____

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12/21/06