VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF PESTICIDE SERVICES

Phone: (804) 371-6561 - Fax: (804) 371-2283 - www.vdacs.virginia.gov

PESTICIDE COLLECTION PROGRAM REGISTRATION

PLEASE COMPLETE THE ENTIRE FORM. LIST ONLY THOSE PESTICIDES THAT **REQUIRE DISPOSAL**. IF THE PESTICIDE IS UNKNOWN OR UNLABELED, 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.

FORMS NEED TO BE RETURNED 30 DAYS PRIOR TO THE COLLECTION EVENT.

EVENT SITE NAME

Return completed registration forms to: VDACS-OPS, PO BOX 1163, Richmond, VA 23218 or fax 804-371-2283 or Marlene.Larios@vdacs.virginia.gov

DATE ____

NAME (Individual or Business)	CONTACT PERSON						
MAILING ADDRESS							
TELEPHONE NUMBER	EMAIL ADDRESS						
		TRANSPORTED TO THE COLLECTION SITE? YE	SNO				
DO YOU HAVE PESTICIDES <u>IN EXCESS</u> OF 3000 POUNDS? YES NO DO YOU HAVE ANY "UNKNOWN" PESTICIDES <u>GREATER THAN</u> 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		

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JAME DATE
