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.

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

EVENT SITE NAME	DATE					
NAME (Individual or Business)	CONTACT PERSON					
MAILING ADDRESS						
TELEPHONE NUMBER	() EMAIL ADDRESS					
DO YOU HAVE PESTICIDES THAT <u>CANNOT</u> BE SAFELY TRANSPORTED TO THE COLLECTION SITE?YESNO						
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
JO TOU HAVE ANT UNKNOWN FESTICIDES GREATER THAN SUFOUNDS FOR SOLIDS OR S GALLONS FOR LIQUIDS?	1ES	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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