## 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					
OO YOU HAVE PESTICIDES THAT <u>CANNOT</u> BE SAFELY TRANSPORTED TO THE COLLECTION SITE? YES NO IF YES, PLEASE EXPLAIN						
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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