## VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF PESTICIDE SERVICES

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

DATE

## 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 14 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

MAILING ADDRESS  TELEPHONE NUMBER ( )	NAME (Individual or Business)		FACT PERSON						
DO 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	MAILING ADDRESS								
IF YES, PLEASE EXPLAIN	TELEPHONE NUMBER	EMAIL ADDRESS							
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PESTICIDE TRADE NAME  ACTIVE INGREDIENT  QUANTITY (LBS OR GALS)  L (LIQUIDS) S (SOLIDS)  NO. & SIZE OF PACKAGES									
(LBS OR GALS) S (SOLIDS)									
Example: Bicep         Atrazine + Metolachlor         10         L         4 - 2.5           Image: All Control of the Control of t	PESTICIDE	TRADE NAME	ACTIVE INGREDIENT			NO. & SIZE OF PACKAGES			
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QUANTITY (LBS OR GALS)	L (LIQUIDS) S (SOLIDS)	NO. & SIZE OF PACKAGES