

# Oklahoma Department of Agriculture, Food and Forestry

## Instructions for Completing ODAFF Application for Pesticide-Producing and Device-Producing Establishment Permit

Please read all instructions before you begin to fill out this application. If you have questions please contact Brenda Hernandez at (405) 522-6728 or Bill Taylor at (405) 522-6347.

**Complying with this Permit Requirement:** To comply with this requirement, a responsible officer of the company must complete and sign the application.

### ITEMS TO BE COMPLETED

Please print or type.

1. **Company Name.** Enter the complete name of the company or entity of ownership submitting the application.
2. **Company Name (if different from item 1).** Enter Agent Name, if applicable.
- 3-6. **Company Headquarters Location.** Enter the physical street or route location (DO NOT use a P.O. Box) of the home office or headquarters of the applicant company.
- 7-10. **Company Headquarters Mailing Address.** Complete if different from items 3-6. **Foreign Companies** must use an agent residing in the US to act for them. Enter the US mailing address of the agent in items 7-10. (*Note: Licenses and correspondence will be sent to the company mailing address, not the individual establishment site mailing address.*)
11. **EPA Company Number.** Enter the EPA Company number.
12. please leave blank
13. **Appropriate Ownership Code.** Enter the code (1-5) which describes the type of ownership under which the company operates. If the ownership code in Item 13 is number 4 (Corporation), complete Items 14 and 15.
14. **State or Country of Incorporation.** Enter the two-letter state code or name of country.
15. **Date of Incorporation.** Enter the month, day, and year of incorporation, registration, or license to do business.
16. **Establishment Name.** Enter the name of the establishment that will produce pesticide products and/or devices. The establishment MUST BE a wholly-owned subsidiary of the parent company.
- 16b. **County Site is Located Within.** Enter the County the producing establishment facility is located in.
- 17-20. **Establishment Site Address.** Enter the physical street or route location, city, state, and zip code. DO NOT use a P.O. Box. For foreign countries, use abbreviations shown on page 5 for item 19
- 21-24. **Establishment Mailing Address.** Enter if different from boxes 17-20.
25. **EPA Est. No. (Establishment Number).** Include the number EPA assigned your producer establishment.
26. **Establishment Phone Number:** Enter a phone number for the producing site location.
27. **Name of Company Officer.** The company officer is a person who can obligate the company to the requirements of 2 O.S. Section 3-82, M.
28. **Telephone number.** Enter the telephone number for the person responsible for preparing this application.
29. **E-mail address.** Enter the e-mail address for the officer or office responsible for preparing this application.
30. **FAX Number of Company Headquarters.** This item must be completed.
31. **Title of Company Officer.** This item must be completed.
32. **Date Signed.** This item must be completed.
33. **Signature of Company Officer.** Unsigned Applications will not be processed.
34. **Product Listings.** Enter the EPA Registration No. and Product Name for each product produced. Attach a copy of the complete product label for each item listed and the revision date of the included label.

Requirements: 2.O.S. Section 3-82, M., provides that:

#### M. PESTICIDE PRODUCING ESTABLISHMENTS -

1. Definitions as used in this sub article:

- a. "establishment" means any site where a pesticide product, active ingredient or device is produced within the state,
- b. "produce" means to manufacture, prepare, propagate, compound or process any pesticide or to package, re-package, label, relabel or otherwise change the container of any pesticide or device, and
- c. "producer" means any person who produces, manufacturers, prepares, compounds, propagates or processes any active ingredient, pesticide, or device as used in producing a pesticide.

2. It shall be unlawful for any person to produce within this state any pesticide, active ingredient or device without first obtaining a pesticide producer establishment permit issued by the Board.

3. The permit shall be issued only upon application on a form prescribed by the Board. The application shall contain information regarding the proposed operation of the applicant and other information as specified by the Board. If at any time there is a change of the information provided in or on the application for a pesticide producer establishment permit, the producer must notify the Board in writing within thirty (30) calendar days of the change.

4. The producer shall file a statement with the Board including but not limited to:

- a. the name and address of the company,
- b. the name and address of the establishment as well as the physical location, if different than the mailing address,
- c. the name of the pesticide, active ingredient, or device, and
- d. the name and address and other pertinent contact information for the responsible party.

5. All permits for pesticide producer establishments shall be issued for a period of one (1) year and shall be renewed annually. All permits shall expire on June 30 each year and may be renewed without penalty if a properly completed application is filed with the Board not later than the fifteenth day of the month first following the date of expiration. If the application is not received by that date, a penalty of twice the amount of the renewal fee shall be charged for renewal of the permit.

6. Each pesticide producer establishment location engaged in the production of pesticides, active ingredients or devices shall require a separate permit.

7. The annual permit fee for a pesticide producer establishment shall be One Hundred Dollars (\$100.00) for each location.

8. If requested by the Board, a complete copy of all labeling, Material Safety Data Sheets, technical information associated with the pesticide, active ingredient, or device and a statement of all claims to be made as well as directions and use must be submitted to the Board.

9. In order to determine compliance with state and federal laws, the Board may request a full disclosure of inventory records, sales and distribution records, and any other information deemed necessary by the Board.

10. Every producer shall keep accurate records pertaining to pesticide, active ingredient, or device production and distribution as required by the Board. The records of the producer shall be kept intact at the principal producing location in this state for at least two (2) years after the date of production and distribution and copies shall be furnished to any authorized agent of the Board, immediately upon request in person, at any time during the regular business hours of the producer. Copies of records shall be furnished to any authorized agent of the Board within seven (7) working days of a written request, in summary form, by mail, fax, e-mail, web site, or any other electronic media customarily used.

**Oklahoma Department of Agriculture, Food, and Forestry**  
**Consumer Protection Services Division**  
 2800 N. Lincoln Blvd., Oklahoma City, OK 73105  
 405-521-3864 www.oda.state.ok.us

**Application for Registration of Pesticide-Producing and Device-Producing Establishment Permit**  
 2 O.S. Section 3-82 (M)

*Note: Read all instructions before completing.*

1. Company Name (Entity of Ownership)			11. EPA Company Number		
2. Company Name <i>(if different from 1.-e.g. Agent)</i>			12. ODAFF use only		
<b>Company Headquarters Location (physical address)</b>					
3. Street Address			13. Enter Appropriate Ownership code		
4. City	5. State or County	6. Zip Code	1 - Individual 2 - Partnership 3 - Cooperative Association 4 - Corporation 5 - Other		
<b>Company Headquarters Mailing Address (If identical to above, write SAME)</b>			14. State or Country of Incorporation		
7. Street or PO Box Address			15. Date of Incorporation (Month, Day, Year)		
8. City	9. State or Country	10. Zip Code			

**NAME, SITE LOCATION, and MAILING ADDRESS of PRODUCING ESTABLISHMENT SEEKING OKLAHOMA PERMIT**

16. Establishment Name		16b. County Site is Located Within			
17. Establishment Site Address (physical)		18. City		19. State or Country	20. Zip Code
21. Establishment Mailing Address		22. City		23. State or Country	24. Zip Code
25. EPA Est. No. (Producer Establishment Number)			26. Establishment Telephone Number		

27. NAME of Company Officer		28. Telephone Number	
29. E-mail Address		30. FAX Number	
31. TITLE of Company Officer		32. Date Signed (Month, Day, Year)	
33. SIGNATURE of Company Officer			

**Include payment of \$100.00 made payable to the Oklahoma Department of Agriculture, Food, and Forestry.**

<b>If you wish to pay by credit card, please fill in the following:</b>
Type of Card:    ___ Visa            ___ Master Card            ___ Discover
Card Number: _____
Amount Paid: _____
Expiration Date (MM/YYYY): _____ / _____
Name on Card: _____

<b>Office Use Only</b>
Receipt #:
Receipt Code 393 \$
License #:
Issue Date:
AGN #:
Expiration Date:

