VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF PESTICIDE SERVICES

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

PESTICIDE DISPOSAL 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 marlene.larios@vdacs.virginia.gov

COLLECTION EVENT _____ DATE _____

NAME
(Individual or Business) _____ CONTACT PERSON _____

MAILING ADDRESS _____

TELEPHONE NUMBER ( ) _____ EMAIL ADDRESS _____

DO YOU HAVE PESTICIDES THAT **CANNOT** BE SAFELY TRANSPORTED TO THE COLLECTION SITE? ___ YES ____ NO

IF YES, PLEASE EXPLAIN _____

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

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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