

Application for Currently Unavoidable Use Exemption for Intentionally Added PFAS Ingredients in Pesticide Products

Do you currently hold a MN Pesticide Registration license? Yes No If Yes, Minnesota License No (Not EPA Co. No):			
Legal Name (Manufacturer or Distributor):			
DBA (If Different):		Agent's Name (Please Print):	
Physical Address (No PO Box)		Mailing Address (If Different from Manufacturer or Distributor)	
Address:		Address:	
City:		City:	
State:	Zip Code:	State:	Zip Code:
Manufacturer/Distributor Phone Number:		Agent Phone Number:	

EPA Registration No.	Complete Brand Name of Pesticide Product	MN Pesticide Registration No.

I hereby certify that the information contained in and submitted with this application is true and correct.		FOR OFFICE USE ONLY
Signature:		
Name (Please Print):	Date:	
Title:	Phone:	Data Entry:
Email:	Fax:	Postmark Date: