



# Georgia Department of Agriculture

Pesticide Section, 19 M.L.K. Jr. Drive, Room 410 • Atlanta, Georgia 30334-4201

Dear Registrant:

We are am pleased to enclose information you will need to register your pesticide products in the State of Georgia.

Please complete the enclosed *Pesticide Registration Application*. This application must be accompanied by one copy of complete label/labeling which has been approved by E.P.A. to accompany your product. Please submit a registration fee of \$200.00 per product. Separate registration is required for identical products with different labels. Products that meet EPA's criteria for 25(b) exemption are not required to be registered.

The State of Georgia requires new registrants to submit Secure and Verifiable documents to verify legal citizenship. You can find information about these documents on the Department's Licensing web page. We cannot issue any license or certificate without receiving these documents.

If you are a non-resident registrant, you will be required to appoint an *Attorney-In-Fact* form for the purpose of receiving any service of legal process which might become necessary. Georgia law provides that you may appoint the Georgia Secretary of State to serve you in this capacity. There is no fee for this service, however, you must complete the enclosed form in detail and have it notarized. If you are a resident registrant and have never registered products within the State of Georgia, please complete the *Resident Agent* form.

If you have any questions or concerns after reading the enclosed material, please call us at 404-656-9378 for further assistance.

Georgia Department of Agriculture  
Agricultural Inputs – Pesticide Section  
Pesticide Product Registration

Enclosures:     *Attorney-In-Fact Form*  
                      *Resident Agent Form*  
                      *Pesticide Registration Application*  
                      *Electronic Options Form*  
                      *O.C.G.A. § 50-36-1(e)(2)*

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) Pesticide Product Registration  
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from  
GA Department of Agriculture [*name of government entity*], the undersigned applicant  
verifies one of the following with respect to my application for a public benefit.

**(Please select only one of the options below. Please note that failure to properly complete this selection could result in your application being delayed or denied):**

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

**(Please ensure that the secure and verifiable document you have listed below corresponds to the actual document you submit with this affidavit and has not expired, failure to do so could result in your application being delayed or denied).**

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

SECRETARY OF STATE

CONSENT TO SERVICE OF PROCESS  
DEPARTMENT OF AGRICULTURE REGISTRATION, LICENSE AND PERMIT ACT

Attorney-in-Fact Form

KNOW ALL MEN BY THESE PRESENT:

That \_\_\_\_\_, a corporation organized and existing under and by virtue of the laws of the State of \_\_\_\_\_, does hereby appoint the Secretary of State of the State of Georgia as its attorney-in-fact, as follows:

RESOLUTION:

For the purpose of complying with Section 3 of the Department of Agriculture Registration, License and Permit Act of 1966 approved March 10, 1966 (Georgia Laws, 1966, pps 307-310), \_\_\_\_\_ does hereby appoint the Secretary of State of the State of Georgia, or his successor in office, as its true and lawful attorney-in-fact upon whom may be served any summons or process in any action or proceeding against it in any court or administrative tribunal of competent jurisdiction of the State of Georgia or before the Commissioner of Agriculture of the State of Georgia and does hereby consent and agree that the service of said summons or process on the Secretary of State shall be of the same legal force and validity as if due service had been made upon it within the State of Georgia, and the said corporation does hereby direct that the Secretary of State forward the said summons or process to it at the following address:

\_\_\_\_\_  
*Street Address Only (No Post Office Box Number)*

IN WITNESS WHEREOF, said corporation, in accordance with authority granted by the foregoing resolution of its Board of Directors, has caused this instrument to be executed by its president and secretary and its corporate seal to be affixed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\*(CORPORATE SEAL)

By: \_\_\_\_\_  
*President*

By: \_\_\_\_\_  
*Secretary*

\*\*\*\*\*

(STATE OF: \_\_\_\_\_)

(COUNTY OF: \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me a notary public in and for said county and state, personally appeared \_\_\_\_\_ (President) and \_\_\_\_\_ (Secretary) to me known to be the persons described in and who executed the foregoing instrument and who, being by me first sworn, did say that they are the president and secretary, respectively, of the Corporation described in the foregoing instrument, that the seal affixed to said instrument is the corporate seal of the said Corporation by authority of its Board of Directors, and that the averments contained therein are true and correct.

\*(NOTARIAL SEAL)

\_\_\_\_\_ Notary Public

My Commission Expires \_\_\_\_\_

(Please fill in every blank)

\*(Affix seal or write "NONE")

STATE OF GEORGIA  
GEORGIA DEPARTMENT OF AGRICULTURE  
Atlanta, Georgia

Resident Agent Form

In accordance with the provisions of the Department of Agriculture Registration, License and Permit Act, \_\_\_\_\_, a resident of the State of Georgia, is hereby designated and appointed as our true Attorney-in-Fact to accept legal process and service in accordance with the provisions of said Act, for and in our behalf, the same as if served on us in the State and County of our residence.

If at any time the Commissioner of Agriculture of Georgia should desire to serve such legal process or service on us and the said \_\_\_\_\_ should for any reason not be available for such, then and in that event, it is hereby agreed that we will name another Attorney-in-Fact within 10 days after notice from the Commissioner of Agriculture on whom such service may be had.

DATE: \_\_\_\_\_  
\_\_\_\_\_ (Firm Name)

WITNESS: \_\_\_\_\_  
\_\_\_\_\_ (Name and Official Position of Person Signing)

\_\_\_\_\_  
Notary Public (Seal) \_\_\_\_\_ (Mailing Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

\* \* \* \* \*

Georgia, \_\_\_\_\_ County

Date: \_\_\_\_\_

I, \_\_\_\_\_, a resident of the State of Georgia do hereby accept appointment as Attorney-in-Fact for \_\_\_\_\_  
To accept service in any legal proceedings instituted against said \_\_\_\_\_  
\_\_\_\_\_, in accordance with all the terms of the Department of  
Registration, License and Permit Act pertaining to the registration and sale of feeds and feedingstuffs, fertilizers, and economic poisons.

WITNESS: \_\_\_\_\_

\_\_\_\_\_  
Notary Public (Seal) \_\_\_\_\_ (Appointee's Signature)

\_\_\_\_\_  
(Address)

Date: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)



# Georgia Department of Agriculture

Pesticide Section, 19 M.L.K. Jr. Drive, S.W., Room 410

Atlanta, Georgia 30334-4201

404-656-9378; Fax: 404-657-8378

FILE IN DUPLICATE

Tyler Harper  
Commissioner

Application Date: \_\_\_\_\_

## PESTICIDE PRODUCT REGISTRATION APPLICATION

**PRODUCT: Brand Name of Product as it Appears on Label (Print or Type)      EPA Registration Number**

01. \_\_\_\_\_

02. \_\_\_\_\_

03. \_\_\_\_\_

04. \_\_\_\_\_

05. \_\_\_\_\_

06. \_\_\_\_\_

07. \_\_\_\_\_

08. \_\_\_\_\_

09. \_\_\_\_\_

10. \_\_\_\_\_

**Fee is \$200.00 per product per year. Attach one copy of final printed label for each product.**

Company Name: (Register Products To): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **SUBMITTED BY**

Company Name: (Mail Registration To): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Person (Print Name) \_\_\_\_\_ Signature: \_\_\_\_\_

### **CERTIFICATE OF REGISTRATION**

This registration expires on December 31<sup>st</sup> but, for so long as appropriate fees thereon are paid, may be deemed to be renewed from fiscal year to fiscal year unless surrendered, abandoned, revoked or cancelled or unless the Commissioner of Agriculture shall require at any time a new application for any annual renewal thereof. (If all renewal fees are not paid prior to January 31<sup>st</sup>, the registration fee shall double and shall be paid by the applicant before renewal is issued.)

### **GEORGIA REGISTRATION (OFFICE USE ONLY)**

Registration Year

Date

Check No.

Amount

Application Approved by: \_\_\_\_\_ Date Approved: \_\_\_\_\_