

Oklahoma Unwanted Pesticide Disposal Program

DEALER REGISTRATION FORM

Complete the inventory as soon as possible. Don't wait.

CONTACT NAME: _____ COMPANY NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

COUNTY: _____ PHONE NO.: _____ Cell NO: _____

COMMON NAME	ACTIVE INGREDIENT (if known)	PHYSICAL STATE		NO. OF CONT.	SIZE OF CONT.	REMAINING QUANTITY	
		DRY	LIQUID			POUNDS	GALLONS
Example: Lasso	Alachor		X	2	5 gal.		4 gals.

* Use the back of this form or attach an additional sheet if necessary *

Please complete all information to the best of your ability. Bag all leaking or broken containers to prevent spills. Note the container integrity on the inventory. Please limit the bagged solid material to 50 Lbs.

Mail or fax to: (405) 744-6039
Attn: Charles Luper
Pesticide Safety Education Program
127 Noble Research Center
Stillwater, OK 74078-3033