Obsolete	Maine Board of Pesticides	Remember to store pesticides in a	For office use only		
	Control	dry, secure location. Store liquids in	ID#		
Pesticide	28 State House Station	rigid plastic containers. Double			
Inventory Form	Augusta, ME 04330-0028	plastic trash bags are recommended	Zone:		
•	Tel: 207-287-2731	for paper or cardboard packages. DO	Date Rec'd:		
	Email:	NOT MIX chemicals together.			
	pesticides@maine.gov		Date Entered:		
NAME AND MAILING	EMAIL	TELEPHONE NUMBER		Please check (if	
ADDRESS		D AVCTINATE		applicable)	
		DAYTIME:		Some products are in	
				55-gallon drums	
		EVENING:		Amount:	
				Greater than 1,500 lbs	
				of total product	
				Amount:	
PHYSICAL LOCATION OF	PARTICIPANT TYPE (Circle	If you are not a year-round resident, ple	ase list the name,	I am submitting some	
PESTICIDES	one):	address, and phone number(s) of a cor	ss, and phone number(s) of a contact person:		
	Homeowner Gardener			Amount:	
	Tromoowner Cardoner				
	Real-estate agent				
	Family-owned Farm				
	Nursery/greenhouse				

SEE NEXT PAGE FOR INSTRUCTIONS

Page 1/	Completed Bv:	Date:
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FORM DIRECTIONS

Please fill out as much information about the products you would like to submit as possible. Product names, EPA registration number, and active ingredients are listed on the front of the pesticide label. If the pesticide has more than one active ingredient, please list them all. If the active ingredient is not listed, or is unreadable, please describe the product to the best of your ability with any identifying information on the label. If you are submitting unknown pesticides, please describe the material and what it may have been used for. We will contact anyone submitting unknown material in an attempt to identify the pesticides. If submitting multiple unknowns, please number them.

Product Name	EPA Registration #	Active Ingredient	Liquid (L) or Solid (S)	# of Containers	Max Weight/Volume of Each Container (Specify the container size – even if it is not full in gal or lbs)	TOTAL Weight/Volume (Specify the amount of product on hand for disposal in gal or lbs)	Type of Container (i.e., plastic, paper)	Condition of Container
EXAMPLE: SEVIN	123-456-12	CARBARYL	L	2	5 GAL	8 GAL	PLASTIC	GOOD
PLEASE RETURN THE COMPLETED FORM TO THE BOARD OF PESTICIDES CONTROL AT THE ADDRESS SHOWN ABOVE			The Obsoletes Pesticide Program is jointly sponsored by the Maine Board of Pesticides Control and the Maine Department of Environmental Protection					

Completed By: ____

Date:

Page 2/

Product Name	EPA Registration #	Active Ingredient	Liquid (L) or Solid (S)	# of Containers	Max Weight/Volume of Each Container (Specify the container size – even if it is not full in gal or lbs)	TOTAL Weight/Volume (Specify the amount of product on hand for disposal in gal or lbs)	Type of Container (i.e., plastic, paper)	Condition of Container
		LETED FORM TO T THE ADDRESS SI			Pesticide Program is jointrol and the Maine Dep			

Completed By: _____

Date: _____

Page 3/____