

DEALER'S REPORT OF PESTICIDE SALES IN CALIFORNIA

Dealer Name and Address

Dealer Number

California Food and Agricultural Code (FAC) section 12841 requires each pesticide dealer to pay a quarterly assessment on ALL sales of pesticides when the dealer is the person who first sold the product into or within the State. FAC section 12841.1 requires an additional assessment on agricultural and dual use pesticides, excluding pesticides labeled only for home, industrial, and institutional use.

Instructions for completing this form:

- Complete this form in duplicate. Keep the copy for your records.
- The assessment is based on the price as shown on the invoice to your customers.
- Line one: Report the total dollar of sales of ALL pesticides, including home, industrial, and institutional use.
- Line two: Report the total dollar of sales of pesticides labeled for agricultural and dual use, excluding home, industrial, or institutional use only pesticides.
- Line three through five: Subtotal - add penalty, if necessary, and total.
- Products labeled and sold "for manufacturing use only" are exempt from mill assessment.
- After completing the form, sign it and mail the original with proper remittance to the address shown below.
- If no sales were made during the quarter, mark 'NONE,' sign the form and return it to the address shown below.
- If you have questions, call the Mill Assessment Program Representative at (916) 445-4159 or email at millassessment@cdpr.ca.gov.
- Make check payable to: Cashier, Department of Pesticide Regulation.

Sign and return this form to:

**CASHIER
DEPARTMENT OF PESTICIDE REGULATION
P.O. BOX 4015, MAIL STOP 4A
SACRAMENTO, CALIFORNIA 95812-4015**

TOTAL ASSESSABLE PESTICIDE SALES - FOR USE IN CALIFORNIA

1. Total Dollar Sales of All Pesticides for Quarter:	\$ _____	X .02100 =	\$ _____
		.02100 = 21.00 mills	
2. Total Dollar Sales of Agricultural or Dual Use Pesticides for Quarter	\$ _____	X .00075 =	\$ _____
		.00075 = .75 mills	
3. Subtotal:			\$ _____
4. Penalty of 10% (ten percent) of amount due (if not mailed within one calendar month after end of quarter as required by FAC section 12843):			\$ _____
5. Total amount submitted with this report:			\$ _____

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE, CORRECT, AND COMPLETE.

Print Name of Authorized Representative

Official Title

Date

Signature of Authorized Representative

Area Code and Telephone Number

Email

Dealer Number

Important Instructions:

For each product listed, report total dollar value and total pounds (or gallons, if sold in liquid form), of product sold for use in California. If no product sales were made, enter "None" or zero. Check Non-Ag box to indicate products labeled for home, industrial, or institutional use only.

			Non-Ag	DOLLARS	QUANTITY	
1.	Registrant's Name	Firm No.	Product No.		<input type="checkbox"/> LBS	<input type="checkbox"/> GAL
	Brand Name _____	Registration Number _____	<input type="checkbox"/>			
2.	Registrant's Name	Firm No.	Product No.		<input type="checkbox"/> LBS	<input type="checkbox"/> GAL
	Brand Name _____	Registration Number _____	<input type="checkbox"/>			
3.	Registrant's Name	Firm No.	Product No.		<input type="checkbox"/> LBS	<input type="checkbox"/> GAL
	Brand Name _____	Registration Number _____	<input type="checkbox"/>			
4.	Registrant's Name	Firm No.	Product No.		<input type="checkbox"/> LBS	<input type="checkbox"/> GAL
	Brand Name _____	Registration Number _____	<input type="checkbox"/>			
5.	Registrant's Name	Firm No.	Product No.		<input type="checkbox"/> LBS	<input type="checkbox"/> GAL
	Brand Name _____	Registration Number _____	<input type="checkbox"/>			
6.	Registrant's Name	Firm No.	Product No.		<input type="checkbox"/> LBS	<input type="checkbox"/> GAL
	Brand Name _____	Registration Number _____	<input type="checkbox"/>			
7.	Registrant's Name	Firm No.	Product No.		<input type="checkbox"/> LBS	<input type="checkbox"/> GAL
	Brand Name _____	Registration Number _____	<input type="checkbox"/>			
8.	Registrant's Name	Firm No.	Product No.		<input type="checkbox"/> LBS	<input type="checkbox"/> GAL
	Brand Name _____	Registration Number _____	<input type="checkbox"/>			
9.	Registrant's Name	Firm No.	Product No.		<input type="checkbox"/> LBS	<input type="checkbox"/> GAL
	Brand Name _____	Registration Number _____	<input type="checkbox"/>			
10.	Registrant's Name	Firm No.	Product No.		<input type="checkbox"/> LBS	<input type="checkbox"/> GAL
	Brand Name _____	Registration Number _____	<input type="checkbox"/>			

On each page, add numerical amounts for each column. For quantity column, add numerical values of lbs/Gal together (Enter sum total on the last page).

Page Total: _____ QTY _____
 Sum Total: _____ QTY _____