MISSISSIPPI STATE UNIVERSITY





P.O.Box CR / 1145 Hand Lab 310 President's Circle Miss. State, MS 39762 662-325-3324 662-325-7807 FAX

ANTIFREEZE REGISTRATION APPLICATION

Name		Registration Year _	
City, State, Zip		Date _ Phone _ Cell Phone _	
Manufacturer ()			
List in the space provided names and manufacturer registered. If one brand is different manufacturers, l	s of all antifreeze being s to be produced by	Registration packets must be received by the lab before July 1st of each year.	
NAME	MANUFACTURER	NAME	MANUFACTURER

Applicant's Signature and Title

A complete registration packet must include this completed application, a copy of the label of each product, and a certificate of analysis for each product that provides the basis for the labeled ingredients. If the certificate of analysis is from an independent laboratory, then it can stand on its own merit. However, if the certificate of analysis is from an internal laboratory, then a copy of accompanying data and testing methods must be provided with the certificate of analysis. If you cannot provide a certificate of analysis for a product(s), then you must also send a one (1) gallon sample of the product with the registration materials so that it can be

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