



South Carolina
DEPARTMENT OF AGRICULTURE
CONSUMER PROTECTION DIVISION
123 Ballard Court, West Columbia, SC 29172

Hugh E. Weathers, Commissioner

SOUTH CAROLINA ANTIFREEZE REGISTRATION APPLICATION

In accordance with South Carolina State Law 39-51-10, all antifreeze products sold in the State of South Carolina must be registered with the South Carolina Department of Agriculture on or before the first day of January of each year.

A registration fee of **\$50 per Branded Product Size** must be submitted along with the products label and application for registration.

SOUTH CAROLINA ANTIFREEZE LABEL GUIDELINES

The products label must be submitted for review and must contain the following according to Section 39-51-60 of the South Carolina Code of Laws:

1. The identity of the product.
2. The name and place of business of the registrant.
3. Net quantity contents in terms of liquid measure.
4. Contains a statement of warning of any hazard of substantial injury to human beings which may result from the intended use or reasonably foreseeable misuse of the product.
5. If the product is to be diluted with another substance for use, there must be a statement or chart showing the appropriate amount, percentage, proportion or concentration of the antifreeze to be used to provide (1) claimed protection from freezing at a specified degree of temperature, (2) claimed protection from corrosion, or (3) claimed increase of boiling point or protection from overheating.

The label may not contain any claim that it has been approved or recommended by the Commissioner of Agriculture.

Manufacturer or Registrant

Mailing Address

City, State, ZIP

Phone

Email Address

Registrations will be sent via email if address is provided

The following brands of ANTIFREEZE, ANTIFREEZE COOLANT, ANTIFREEZE AND SUMMER COOLANT, and SUMMER COOLANT are submitted for registration. Please use additional sheets as necessary.

NAME	SIZE	SKU

I hereby request registration of these antifreeze products and I certify that the information furnished by me is true and correct. I understand that by signing my application and making remittance that I have read and understand the laws, rules, and regulations regarding antifreeze products offered for sale in the State of South Carolina and agree to comply with the same.

Signature

Print Name

Date

RETURN COMPLETED APPLICATION TO:

South Carolina Department of Agriculture
Attn: Bryanna Swails
123 Ballard Court
West Columbia, SC 29172

Save this form to your computer first before filling out and submitting. Do not submit from an internet browser.

For additional assistance, please contact:

Bryanna Swails
803-737-9700 | bswails@scda.sc.gov

You may obtain additional forms at:
agriculture.sc.gov/resources/forms

FOR OFFICIAL USE ONLY

Check # _____ Check Amount _____