

PESTICIDES CONTROL AUTHORITY

**APPLICATION FOR REGISTRATION OF A
MINOR USE PESTICIDE**

1. Name of Applicant_____

2. Address of Applicant_____

3. Manufacturer's Name & Address _____

4. Proprietary name of Pesticide_____

5. Common Names & Percentage Content of all Active Ingredients_____

6. Formulation (e.g. granule, wettable powder, etc.)_____

7. Packaging (containers and size)_____

8. Proposed Use of Pesticide (e.g. pests, diseases, weeds to be controlled)_____

9. Crop Details

9.1. Identity of Crop(s)_____

9.2. Situation of Crop (outdoors, shadehouse, pond etc.)_____

9.3. Acreage _____

10. Proposed Application Methods (If proposed application method (s) is / are not already stated on the product label, give full details.) _____

11. Quantity of Product To Be Used Per Annum _____

11. Reason For Thinking Product Will be Effective For This Purpose _____

12. Additional Information _____

Signature of Applicant

Date

SUPPORTING DOCUMENTS: A copy of the product label and a Material Safety Data Sheet should accompany each application.

FOR OFFICIAL USE ONLY
TO BE COMPLETED BY THE REGISTRAR

Date registered or refused by Authority _____

Registration Number _____

Reason for refusal _____

Signature of Registrar

Date