

**Attachment A:** Forms that are commonly associated with Data Call-ins – available electronically as a PDF file on the internet at: <http://www.epa.gov/pesticide-registration/pesticide-registration-manual-chapter-20-forms-and-how-obtain-them#epa> unless otherwise noted.

*EPA Form No. 8570-4 - Confidential Statement of Formula*

*EPA Form No. 8570-27 - Formulator's Exemption Statement*

*EPA Form No. 8570-28 - Certification of Compliance with Data Gap Procedures*

*EPA Form No. 8570-32 - Certification of Attempt to Enter into an Agreement with Registrants for Development of Data Form*

*EPA Form No. 8570-34 - Certification with Respect to Citation of Data Form*

*EPA Form No. 8570-35 - Data Matrix Form*

*EPA Form No. 8570-36 - Summary of the Physical/Chemical Properties Form*

*EPA Form No. 8570-37 - Self-Certification Statement for the Physical/Chemical Properties*

The remaining forms are computer generated and uniquely pre-populated and sent directly to individual registrants. Samples of these forms have been this attachment as part of the EPA-HQ-OPP- 2016-0109 docket.

*EPA Form No. 6300-3 - Requirements Status and Registrant's Response.*

*EPA Form No. 6300-4 - Data Call-In Response Form.*



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, D.C. 20460**

**REQUIREMENTS STATUS AND REGISTRANT'S RESPONSE**

Form Approved.

OMB Control Nos.  
2070-0057; 2070-0107;  
2070-0122; 2070-0164

**Paperwork Reduction Act Notice:** The public reporting burden for this collection of information is estimated to average XXXX hour per response for reregistration and special review activities, including time for reading the instructions and completing the necessary forms. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Director, Collection Strategies Division (2822T), U.S. Environmental Protection Agency, Washington, DC 20460. Do not send the form to this address.

**INSTRUCTIONS:** Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form. Use additional sheets if necessary.

**1. Company Name and Address**

**2. Case # and Name**

**3. Date and Type of DCI**

**Chemical # and Name**

| 4. Guideline Requirement Number | 5. Study Title | P<br>R<br>O<br>T<br>O<br>C<br>O<br>L | Progress Reports |   |   | 6. Use Pattern | 7. Test Substance | 8. Time Frame | 9. Registrant Response |
|---------------------------------|----------------|--------------------------------------|------------------|---|---|----------------|-------------------|---------------|------------------------|
|                                 |                |                                      | 1                | 2 | 3 |                |                   |               |                        |
|                                 |                |                                      |                  |   |   |                |                   |               |                        |
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|                                 |                |                                      |                  |   |   |                |                   |               |                        |
|                                 |                |                                      |                  |   |   |                |                   |               |                        |

**10. Certification**  
I certify that the statements made on this form and all attachments are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fin or imprisonment or both under applicable law.

Signature of Company's Authorized Representative \_\_\_\_\_

**11. Date**

**12. Name and Title (Please Print or Type)**

**13. Phone Number**



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, D.C. 20460

Form Approved.

OMB Control Nos.  
2070-0057; 2070-0107;  
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### DATA CALL-IN RESPONSE

**Paperwork Reduction Act Notice:** The public reporting burden for this collection of information is estimated to average XXXX hour per response for reregistration and special review activities, including time for reading the instructions and completing the necessary forms. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Director, Collection Strategies Division (2822T), U.S. Environmental Protection Agency, Washington, DC 20460. Do not send the form to this address.

**INSTRUCTIONS:** Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form. Use additional sheets if necessary.

|                             |   |                         |
|-----------------------------|---|-------------------------|
| 1. Company Name and Address | 2. Case # and Name<br><br>Chemical # and Name | 3. Date and Type of DCI |
|-----------------------------|---|-------------------------|

| 4. EPA Product Registration | 5. I wish to cancel this product registration voluntarily | 6. Generic Data   |   | 7. Product Specific Data  |   |
|-----------------------------|---|---|---|---|---|
|                             |   | 6a. I am claiming a Generic Data Exemption because I obtain the active ingredient from the source EPA registration number listed below. | 6b. I agree to satisfy Generic Data requirements as indicated on the attached for entitled "Requirements Status and Registrant's Response." | 7a. My product is an MUP and I agree to satisfy the MUP requirements as indicated on the attached for entitled "Requirements Status and Registrant's Response." | 7a. My product is an EUP and I agree to satisfy the EUP requirements as indicated on the attached for entitled "Requirements Status and Registrant's Response." |
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| <p><b>8. Certification</b><br/> I certify that the statements made on this form and all attachments are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fin or imprisonment or both under applicable law.</p> <p>Signature of Company's Authorized Representative</p> | <p><b>9. Date</b></p>          |
| <p><b>10. Name and Title (Please Print or Type)</b></p>  | <p><b>11. Phone Number</b></p> |

SAMPLE