

United States Environmental Protection Agency  
Office of Pesticide Programs, Registration Division (7505C)  
Washington, DC 20460



**Application for/Notification of State Registration  
of a Pesticide To Meet a Special Local Need**  
*(Pursuant to section 24(c) of the Federal Insecticide,  
Fungicide, and Rodenticide Act, as Amended)*

**For State Use Only**  
Registration No. Assigned  
Date Registration Issued

<b>1. Name and Address of Applicant for Registration</b>  	<b>2. Product is (Check one)</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><input type="checkbox"/> EPA-Registered</td> <td style="width:30%;">EPA Registration Number</td> </tr> <tr> <td><input type="checkbox"/> New (not EPA-registered) <small>Attach EPA Form 8570-4, Confidential Statement of Formulae for new products.</small></td> <td>EPA Company Number</td> </tr> </table>	<input type="checkbox"/> EPA-Registered	EPA Registration Number	<input type="checkbox"/> New (not EPA-registered) <small>Attach EPA Form 8570-4, Confidential Statement of Formulae for new products.</small>	EPA Company Number
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<input type="checkbox"/> New (not EPA-registered) <small>Attach EPA Form 8570-4, Confidential Statement of Formulae for new products.</small>	EPA Company Number				
<b>3. Active Ingredient(s) in Product</b>  					

<b>4. Product Name</b>  	<b>5. If this is a food/feed use, a tolerance or other residue clearance is required. Cite appropriate regulations in 40 CFR Part 180, 185, and/or 186.</b>  
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<b>6. Type of Registration (Give details in Item 13 or on a separate page, properly identified and attached to this form):</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><input type="checkbox"/> a. To permit use of a new product.</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> b. To amend EPA registrations for one or more of the following purposes:</td> </tr> <tr> <td style="width:50%;"><input type="checkbox"/> (1) To permit use on additional crops or animals.</td> <td style="width:50%;"></td> </tr> <tr> <td><input type="checkbox"/> (2) To permit use at additional sites.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> (3) To permit use against additional pests.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> (4) To permit use of additional application techniques or equipment.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> (5) To permit use at different application rates.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> (6) Other (specify below)</td> <td></td> </tr> </table>	<input type="checkbox"/> a. To permit use of a new product.		<input type="checkbox"/> b. To amend EPA registrations for one or more of the following purposes:		<input type="checkbox"/> (1) To permit use on additional crops or animals.		<input type="checkbox"/> (2) To permit use at additional sites.		<input type="checkbox"/> (3) To permit use against additional pests.		<input type="checkbox"/> (4) To permit use of additional application techniques or equipment.		<input type="checkbox"/> (5) To permit use at different application rates.		<input type="checkbox"/> (6) Other (specify below)		<b>7. Nature of Special Local Need (check one)</b> <input type="checkbox"/> There is no pesticide product registered by EPA for such use. <input type="checkbox"/> There is no EPA-registered pesticide product which, under the conditions of use within the State, would be as safe and/or as efficacious for such use within the terms and conditions of EPA registration. <input type="checkbox"/> An appropriate EPA-registered pesticide product is not available.
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<input type="checkbox"/> (6) Other (specify below)																	

<b>10. Has FIFRA section 24(c) registration for this use of the product ever, by another State, been (check appropriate box(es), if known):</b>  <input type="checkbox"/> Sought <input type="checkbox"/> Issued <input type="checkbox"/> Denied <input type="checkbox"/> Revoked  If any of the above are checked, list States in item 13 below. <input type="checkbox"/> No FIFRA section 24(c) Action	<b>8. If this registration is an amendment to an EPA-registered product, is it for a "new use" as defined in 40 CFR 152.3 ?</b> <input type="checkbox"/> Yes (discuss in item 13 below) <input type="checkbox"/> No  <b>9. Has an EPA Registration or Experimental Use Permit for this chemical ever been (check applicable box(es), if known):</b> <input type="checkbox"/> Sought <input type="checkbox"/> Issued <input type="checkbox"/> Denied <input type="checkbox"/> Cancelled <input type="checkbox"/> Suspended <input type="checkbox"/> Registration <input type="checkbox"/> Experimental Use Permit <input type="checkbox"/> No Previous Permit Action
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<p style="text-align: center;"><b>Certification</b></p> I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.	<b>11. Endangered Species Act: (Give details in item 13 or on a separate page, properly identified and attached to this form)</b>  Identify the counties where this pesticide will be used. If Statewide, indicate "all." Provide a list of Federally protected endangered/threatened species which occur in the areas of proposed use.
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<b>Signature of Applicant or Authorized Representative</b>  _____  Title  Telephone Number _____ Date _____	<b>12. Indicate use status of Special Local Need, i.e., planned dates of use:</b>  From: _____ To: _____  <b>13. Comments (attach additional sheet, if needed)</b>  
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**Determination by State Agency**

This registration is for a Special Local Need and is being issued in accordance with section 24(c) of FIFRA, as amended. To the best of our knowledge, the information above is correct, except as noted in "Comments" below or in attachments.

<b>Name, Title, and Address of State Agency Official</b>  _____  Title  Telephone Number _____ Date _____	<b>Comments (by State Agency Only)</b>  	<b>Received by EPA</b>  
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## **Paperwork Reduction Act Notice**

**This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C, 3501 et, seq, OMB Control No, 2070-NEW, Responses to this collection of information are mandatory 40 CFR 152, An agency may not conduct or sponsor, an a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number, The public reporting and record keeping burden for this collection of information is estimated 2,5 hours per response, Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U,S, Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D,C, 20460, Include the OMB control number in any correspondence, Do not send the completed form to this address,**