

Form Approved. OMB No. 2070-[NEW]

**OPP Identifier Number** 



## **United States**

# **ENVIRONMENTAL PROTECTION AGENCY**

Washington, DC 20460

Office of Pesticides Programs (7505C)

Use a Pesticide for Experimental	menta	Purposes Only	1 <b>a</b>	
1.Type of Application  New Amendment (See No. 2)  Extension (Give Permit Number below)  Permit Number	2. Briefly	explain (attach a separate si	heet if necessary)	
Name and Address of Firm/Person to Whom the Experimental Use Permit is to be Issued (include Zip Code) (Type or Print)		Name and Address of Shipper only if shipment is intended or if different from applicant's name and address (include Zip Code) (Type or Print)		
EPA Company Number		6. Is Product Registered with EPA?		
5. Name of Product		No Yes (Give Registration Number or File Symbol below) Registration Number File Symbol		
7. Total Quantity of Product Proposed for Shipment/Use  Pounds of formulated product  Pounds of active ingredient	8. Acreage	or Area to be Treated	9. Proposed Perio	od of Shipment/Use
10. Places from which Shipped		11. Crop/Site to be Treate		15 25 25 445 3
12. Specify the name and number of the contact person most familiar with this application.		13. Signature of Applicant or Authorized Firm Representative		
		14. Title		15. Date Signed
Certification				
This is to certify that food or feed derived from the experimen except by laboratory or experimental animals, if illegal residue I certify that the statements I have made on this form and all knowingly false or misleading statement may be punishable by	attachmen	ent in or on such food or fee ts thereto are true, accurate	d.	
	elow for Ef	A Use Only		
In any correspondence on this application, refer to this number			by: Registration Division; on, DC 20460	
Normal review time indicates that processing of this application should be completed by (date)				
Name of EPA Contact Person	Telephone Number			

#### INSTRUCTIONS

Refer to 40 CFR 172 for regulations regarding experimental use permits. These regulations were published in the FEDERAL REGISTER on April 30, 1975 (40 FR 18780). Complete all (and only) numbered items on the application form. If an EPA Company Number (Item 2) has not previously been assigned, indicate "None," and a number will be assigned on your acknowledgment copy of the form. Third party applicants (those who will be testing another firm's registered product) need not complete Item 13. On the acknowledgment copy of this form, you will be assigned a File Number or Symbol for identification of this application. An expected completion date and the name of your EPA Contact will be entered. You may call your EPA Contact if you have not received your permit or a letter of explanation by the date indicated.

#### Experimental Use Permit Data Submission

The following information must be submitted in triplicate and in detail (bound in removable sections A through G with margin tabs) for all new chemicals and many new products. For some new formulations, the information requested in Items C, D, E, and F may be included by reference to other formulations if adequate extrapolation may be made. Where the applicant requests permission to test a registered product, the information requested in Items B, E, F, and G below, along with the EPA Registration Number of the product, will usually suffice. Refer to 40 CFR 158.640 [53 FR 15993, May 4, 1988] for further information.

- A. A data sheet giving the chemical and physical properties of the chemical. A complete statement of the names and pepercentages by weight of each Active and Invertingredient in the formulation to be shipped. This information will be handled as condential material.
- B. One copy of the proposed label including directions for use necessary for evaluation of the product. Refer to 40 CFR 172.6 for minimum labeling requirements. In certain circumstances the experimental programs or other supplemental labeling may be permissible in lieu of full labeling. In such cases, submit a full explanation as to how the labeling will be affixed to or accompany the container.
- C. Toxicity data or reference to available data on the toxicity of the pesticide including, where pertinent, data on the toxicity to fish and wildlife. Include a summary of this information. LD<sub>50</sub> values and results of eye irritation studies on the formulated product must be included.
- D. Residue data, where pertinent, on (a) food or feed commodities; (b) nonfood crops such as tobacco; and (c) foliage or other sites which may relate to worker hazard or adverse effects on the environment. Include a description of the analytical method(s) used and a summary of the data.
- E. Effectiveness data [required only if specified in Regulations 40 CFR 158.640, 53 FR 15993, May 4, 1988 and Registration Guidelines 40 CFR 158.202(i), 53 FR 15993, May 4, 1988].
- F. If the pesticide is to be tested in a manner involving food or feed, and an adequate tolerance is not established to cover the use, file a petition for a temporary tolerance with this Agency and forward three copies with this application. If appropriate tolerances are established already, cite applicable Regulation in Title 40 of the Code of Federal Regulations.
- G. Proposed Experimental Program: (1) Give the qualifications and the names, addresses, and telephone numbers of the individuals (participants) who will supervise the experimental work.
  - (2) Name the States in which the pesticide will be used and the acreage to be treated in each State. Where "acreage" does not apply, give extent of testing per State in more appropriate terminology. Indicate separately any other State(s) to which the pesticide may be shipped for further distribution.
  - (3) Give the details of the proposed program including the types of target pests or organisms, the crops, animals, surfaces, materials, buildings, or sites of application to be treated and the major geographical areas where the material is to be used. For seasonal pests or crops, indicate the desired month for pesticide application to begin. Specify the use pattern, intended plot sizes, number of plots, number of replicates, dosage rates, methods of application, season of use (spring, summer, fall) and timing of application (preplant, postemergence, multiple (indicate pattern and number), etc.).
  - (4) List the objectives of the proposed program including, e.g., what type(s) of data will be collected during the testing period (performance, yield, phytotoxicity, environmental residue, etc.). Indicate your long-range testing plans, including how many years you expect to conduct experimental testing in support of registration of this use. This information will be helpful in evaluating the currently proposed program.
  - (5) Submit an explanation to justify the quantity of the material requested, including various parameters used to determine the quantity. Quantities authorized will be based on the program submitted and consideration of the types and amount of data required to support registration.
  - (6) Propose a suitable duration for the permit commensurate with the program. Any request for a period greater than 1 year must be adequately justified.
  - (7) State the method of disposition of any unused material left at the conclusion of the testing program.

### 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 172). An agency may not conduct or sponsor, and 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 recordkeeping burden for this collection of information is estimated to be 0.75 hours per response. Send comments on the Agency's need this formation, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden including through

the use of automated collection techniques to the Director, Regulatory Support Division, 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.