**Application Form for Biocidal Product Notification**

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| --- | --- |
|  |  |
| **Product Name** |  |
| **Active Substance(s)** |  |
| **Product type** |  |

*Application Check List – The application MUST include items 1-5. New customers MUST also include item 6. If any of these items are missing, the application will be rejected and sent back to applicant for re-submission.*

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| --- | --- |
|  |  |
| 1. Draft Irish label(s) (CLP/Article 69 of BPR compliant) |  |
| 1. REACH compliant Safety Data Sheet(s) for the active substance(s) |  |
| 1. REACH compliant Safety Data Sheet(s) for the product |  |
| 1. REACH compliant Safety Data Sheet(s) for co-formulant(s) |  |
| 1. Letter(s) of Access or Supply to the active substance(s) on Article 95 |  |
| 1. Corporate Client System Form (new applicants/clients only) |  |

*The associated fee to be invoiced for this application is €300*

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| Please tick as appropriate | |
| * **Biocidal product** |  |
| * **Biocidal product generated in situ by precursor chemicals** |  |
| * **Biocidal product/substance generated in situ by a device/system** |  |
| * **Biocidal product that are a treated article that has a primary biocidal function** |  |

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| **X** |  |  |
| Signed |  | Date |
|  |  |  |
| Print Name |  |  |

**Department of Agriculture, Food and the Marine**

**Pesticide Control Division**





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| ***Section 1: Notification Holder\**** | | | |
| Company Name: |  | | |
| Address: |  | | |
| City/Town: |  | County/State: |  |
| Postcode/Zip Code: |  | Country: |  |
|  | | | |
| Company Tel: |  | Company Fax: |  |
| Company email: |  | Company contact: |  |
| Contact email |  | Contact Tel: |  |
| *\* If you are a new applicant/client with the Department of Agriculture, please also fill out the Corporate Customer System (CCS) form on p. 6 to this application.* | | | |

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| ***Section 2: Product Information*** | |
| Product name  (Trade name): |  |
| Product-type(s): |  |
| Product Function: |  |
| Formulation type: |  |

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| ***Section 3: Product Manufacturer*** | | | |
| Company Name: |  | | |
| Address: |  | | |
| City/Town: |  | County/State: |  |
| Postcode/Zip Code: |  | Country: |  |
|  | | | |
| Company Tel: |  | Company Fax: |  |
| Company email: |  |  |  |
| Contact email |  |  |  |
| Company Name |  |  |  |
| Address |  |  |  |
| City/Town |  |  |  |
| Postcode/Zip Code |  |  |  |
| Company Tel: |  |  |  |

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| ***Section 4: Use Information*** | | | | | | | | | | | | | |
| Brief description of intended uses: |  | | | | | | | | | | | | |
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|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| For amateur use: | Yes | |  | No |  |  | For professional use: | | Yes |  | No |  |  |
|  | | | | | | | | | | | | | |
| For indoor use: | Yes | |  | No |  |  | For outdoor use: | | Yes |  | No |  |  |
|  |  | | | | | | | | | | | | |
| If necessary please specify the use area further: |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| |  | | --- | | ***Section 5: Labelling Information*** | | Please attach to this completed application the draft product label for Ireland. It is important that the label is prepared in accordance with the classification, labelling and packaging provisions of Regulation (EC) 1272/2008 and Article 69 of the Biocidal Products Regulation EU 528/2012. |  |  |  |  | | --- | --- | --- | | ***Section 6: Packaging Information\**** | | | | **Pack type(s)** | **Packaging**  **material(s)** | **Pack**  **size(s)** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | *\* Insert additional rows if required* | | |   ***Section 7: Primary Distributor(s)\**** | | | | | | | | | | | | | |
| **Company Name (1):** | |  | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | |
| Company Tel: | |  | | | | | Company email: |  | | | | | |
|  | |  | | | | | | | | | | | |
| **Company Name (2):** | |  | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | |
| Company Tel: | |  | | | | | Company email: |  | | | | | |
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*\* Insert lines for each distributor, if required*

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| ***Section 8: Active Substance Manufacturer(s)\**** | | | |
| **Active Substance (1):** |  | | |
| **Purity of A.S. (g/kg):** |  | | |
| Company name: |  | | |
| Address: |  | | |
| Company Tel: |  | Company email: |  |
|  |  | | |
| **Active Substance (2):** |  | | |
| **Purity of A.S. (g/kg):** |  | | |
| Company name: |  | | |
| Address: |  | | |
| Company Tel: |  | Company email: |  |
|  |  | | |
| **Active Substance (3):** |  | | |
| **Purity of A.S. (g/kg):** |  | | |
| Company name: |  | | |
| Address: |  | | |
| Company Tel: |  | Company email: |  |
| *\* Insert lines for each additional active substance, if required* | | | |

***Section 9: Product Specification***

Please complete below if your product is a wipe

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| Wipe Material |  |
| Weight of wipe |  |

Please complete below if your product/substance is generated through a device

|  |
| --- |
| *Technical details of device or in situ generation (e.g. parameters to generate active substance)* |
|  |

***Section 9: Product Specification contd. \****

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Identity of Active Substance in the product** | | **CAS No** | **Nano-material**  **Yes/No** | **Particle size distribution**  **(nm)** | **Manufacturer of AS** | **Content of active substance in the product (as a quantity) units = g/kg, g/L etc** | | **Content of active substance in the product (as a %) units = w/w OR %v/v** | **SDS Attached Yes/No** | **LoA Attached Yes/No** |
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| **Identity of Co-formulants (other than AS) in the product** | | **Trade name (if applicable)** | **CAS No** | | **Manufacturer of the co-formulant** | **Function of the co-formulant** | **Content of co-formulant in the product (as a quantity) units = g/kg, g/L etc** | **Content of co-formulant in the product (as a %) units = w/w OR %v/v** | **Is this a substance of concern? Yes/No** | **SDS Attached Yes/No** |
|  | |  |  | |  |  |  |  |  |  |
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*NB: the total quantities for the pink and green columns must add up to 1000 and 100, respectively.*

*\* Where the application is for a biocidal product generated in situ from 2 or more precursor products, please add an additional specification table for each precursor product*