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| D:\Dep of Agriculture Brandmarks\JPEGS\Low Resolution 72dpi\Department_Logo_2011_CMYK LoRes.jpg | | | | | Pesticide Registration & Control Divisions  Department of Agriculture Food and the Marine  Backweston Campus, Young’s Cross  Celbridge  Co Kildare  Tel: 01-6157552 Email: [pesticidetrials@agriculture.gov.ie](mailto:pesticidetrials@agriculture.gov.ie)  Fax:01-6157575 Web: [www.pcs.agriculture.gov.ie](http://www.pcs.agriculture.gov.ie) | | | | | | | | | | | | | |  | | | |
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| European Communities(Plant Protection Products) Regulations, 2012 (S.I. No. 159 of 2012) | | | | | | | | | | | | | | | | | | | | | | |
| **Please read Information note before completing this form** | | | | | | | | | | | | | | | | | | | | | | |
| **Application for a Test Facility Trial Permit (TFTP)** | | | | | | | | | | | | | | | | | | | | | | |
| Please tick as appropriate:  Programmes of Trials□Once off trial□ | | | | | | | | | | | | | | | | | | | | | | |
| **Section 1- Applicant Details** | | | | | | | | | | | | | | | | | | | | | | |
| 1.1 - **Applicant Name and Address** | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | Tel: | | |  | | | | | | |
| Address |  | | | | | | | | | | | | Fax: | | |  | | | | | | |
|  | | | | | | | | | | | | Mob: | | |  | | | | | | |
|  | | | | | | | | | | | | Email: | | |  | | | | | | |
| **1.2 –** **Application for Test Facility Trial Permit (TFTP)** (please tick as appropriate)  New TFTP □ Renewal of a TFTP □ Extension of a TFTP □ | | | | | | | | | | | | | | | | | | | | | | |
| **1.3 - Status of Applicant:** (please tick one or more as appropriate) | | | | | | | | | | | | | | | | | | | | | | |
| Professional Agricultural Organization | | | | | | | □ | | | | | Official Body (involved in agricultural activities) | | | | | | | | | □ | |
| Commercial Company | | | | | | | □ | | | | | Scientific Body(involved in agricultural activities) | | | | | | | | | □ | |
| Agri Consultant/ Agronomist | | | | | | | □ | | | | | Educational Body | | | | | | | | | □ | |
| Other (specify)...................................................................................................................................................□ | | | | | | | | | | | | | | | | | | | | | | |
| **1.4** **Type of test:** Efficacy test □ Residue test □ Other (describe) □  (please tick as appropriate) | | | | | | | | | | | | | | | | | | | | | | |
| **1.5 – Professionally Qualified Persons under whose Supervision trials/experiments will be carried out** | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | **Professional Qualification** | | | **No. of years relevant experience** | | | | **Contact No.** | | | | **E Mail** | | |  | | | | | |
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| **Section 2 – Crop types/area & Trial types proposed trials/experiments will be carried out:** (please tick the effectiveness and/or crop safety box for each crop type/area applied for) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Effectiveness | | | Crop  Safety | |  | | | | | | | Effectiveness | | | | Crop  Safety |
| Aquatic area | | | | | | □ | | | □ | | Oilseeds | | | | | | | □ | | | | □ |
| Cereals | | | | | | □ | | | □ | | Orchards | | | | | | | □ | | | | □ |
| Forestry (including forest nurseries) | | | | | | □ | | | □ | | Ornamentals | | | | | | | □ | | | | □ |
| Fruit (including pome fruit, berries and small fruits, and stone fruit) | | | | | | □ | | | □ | | Potatoes | | | | | | | □ | | | | □ |
| Fungi | | | | | | □ | | | □ | | Pulses | | | | | | | □ | | | | □ |
| Grassland (forage) | | | | | | □ | | | □ | | Vegetables (including stem, fruiting, leafy, bulb, root and tuber, brassica etc.) | | | | | | | □ | | | | □ |
| Grassland (amenity) | | | | | | □ | | | □ | | Protected crop | | | | | | | □ | | | | □ |
| Maize | | | | | | □ | | | □ | | Amenity (other) | | | | | | | □ | | | | □ |
| Non-crop area | | | | | | □ | | |  | | Other(specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | □ | | | | □ |
| **Section 3 - Equipment and Other Facilities necessary to conduct trials/ experiments** (whether owned or available to the applicant) Please tick 1 or more as appropriate | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Owned | | | | Available | | |  | | | | | | | Owned | | Available | | |
| Cultivation / Sowing / Fertilising | | | | □ | | | | □ | | | Weighing / counting / quality assessments | | | | | | | □ | | □ | | |
| Marking out / Measuring of plots | | | | □ | | | | □ | | | Harvesting and Transport | | | | | | | □ | | □ | | |
| Environmental monitoring equipment – (temperature, wind speed, humidity, precipitation) | | | | □ | | | | □ | | | Sample storage | | | | | | | □ | | □ | | |
| Product application equipment | | | | □ | | | | □ | | | Disposal facilities (where appropriate) | | | | | | | □ | | □ | | |
| Product preparation / storage / transport | | | | □ | | | | □ | | | Ancillary equipment/ facilities | | | | | | | □ | | □ | | |
| PPE | | | | □ | | | | □ | | | Other (specify)\_\_\_\_\_\_\_\_\_ | | | | | | | □ | | □ | | |
| Data Recording/ analysis | | | | □ | | | | □ | | |  | | | | | | |  | |  | | |
| **NB: A separate list of all items of owned and available equipment/machinery/facilities must be provided with this application** | | | | | | | | | | | | | | | | | | | | | | |
| I declare that all items listed have regular calibration and maintenance as appropriate and that these records are available for inspection □ please tick box | | | | | | | | | | | | | | | | | | | | | | |
| **Section 4. Standard Operating Procedures (SOPs)/Manuals**  ––**Please provide a separate list and copies of all SOPs relating to efficacy testing work** | | | | | | | | | | | | | | | | | | | |  | | |
| **Section 5 – Sites and Premises – See appendix 1 (complete appendix 1 for each site or premises for which the application applies**) | | | | | | | | | | | | | | | | | | | | | | |
| **Section 6- Further information:** | | | | | | | | | | | | | | | | | | | | | | |
| **Section 7 – Declaration:** | | | | | | | | | | | | | | | | | | | | | | |
| I am willing to allow my contact details to be published on a DAFM database of registered Test Facilities: □  (please tick box if you agree).  I confirm that the information provided in and with this application is correct and complete and if a Test Facility Trial Permit is granted, agree to abide by its terms and conditions and undertake to immediately inform the competent authority (DAFM) of all new information on the potentially harmful effects of plant protection products or of their residues on human or animal health or on the environment. | | | | | | | | | | | | | | | | | | | | | | |
| For and on behalf of applicant (Company/Organization/Body/Consultant/etc): | | | | | | | | | | | | | | | | | | | | | | |
| **Name (Print)** | |  | | | | | | | | | **Status/ Position** | | | |  | | | | | | | |
| **Signature** | |  | | | | | | | | | **Date** | | | |  | | | | | | | |
| **WARNING: It is an offence to provide false or misleading information, or to fail to disclose information relevant to this application.** | | | | | | | | | | | | | | | | | | | | | | |

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| **For Official use only:** | | | | | |
| Application Received | Further information requested | Further information received | Fee Paid  (if applicable) | Application reviewed/ Inspection completed | Application Approved  TFTPN issued or  Not approved |
| Date: | Date: | Date: | Date: | Date: | Date |

**Appendix 1**

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| **Section 5 – Sites and Premises (complete this section for each site or premises for which the application applies** (include office/store location where applicable) | | | | | |
| **Site/Premises (Number \_\_\_\_ )** | | | | | |
| **a – Name and Location of site or premises** | | | | | |
| Name |  | | | | |
| Address |  | | | | |
|  |  | | | | |
|  |  | | | | |
| GPS coordinates: |  | | | | |
| Contact: |  | | Tel: |  | |
| Email: |  | | Fax: |  | |
| **b – Type site/premises** (please tick one or more as appropriate) | | | | | |
| Glasshouse/greenhouse | | □ | Amenity site: | | □ |
| Laboratory complex | | □ | Field Site: | | □ |
| Mushroom House | | □ | Forestry site: | | □ |
| Office /Store: | | □ | Non –crop area | | □ |
| Other □ (specify):……………………………………………………… Other □ (specify): ………………………………………………… | | | | | |
| **c – Control and Access** – Specify arrangements to prevent unauthorized access, and where appropriate consumption/disposal of produce and specify how full access is available for the duration of the trial) | | | | | |
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**Appendix 1**

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| **Section 5 – Sites and Premises (complete this section for each site or premises for which the application applies** (include office/store location where applicable) | | | | | |
| **Site/Premises (Number \_\_\_ )** | | | | | |
| **a - Name and Location of site or premises** | | | | | |
| Name |  | | | | |
| Address |  | | | | |
|  |  | | | | |
|  |  | | | | |
| GPS coordinates: |  | | | | |
| Contact: |  | | Tel: |  | |
| Email: |  | | Fax: |  | |
| **b - Type site/premises** (please tick one or more as appropriate) | | | | | |
| Glasshouse/greenhouse | | □ | Amenity site: | | □ |
| Laboratory complex | | □ | Field Site: | | □ |
| Mushroom House | | □ | Forestry site: | | □ |
| Office /Store: | | □ | Non –crop area | | □ |
| Other □(specify):…………………………………………………… Other □ (specify):……………………………………………….. | | | | | |
| **c - Control and Access** – Specify arrangements to prevent unauthorized access, and where appropriate consumption/disposal of produce and specify how full access is available for the duration of the trial) | | | | | |
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