**Application Form for Biocidal Product Notification/Trivial Amendment**

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

**Please fully complete all sections in this application form. An incomplete application form may result in your application being rejected.**

|  |
| --- |
| Please tick one of the following boxes as appropriate for the application. |
| * **Biocidal Product Notification**
 |  |
| * **Trivial Amendment**
 |  |
| * **Biocidal product that is a treated article that has a primary biocidal function**
 |  |

The associated fee to be invoiced for this application is **€300. Application(s) will not be processed until the invoice is paid in full.**

**Application Check List**

The application MUST include items 1-5 listed below. New customers MUST also include item 6.

If any of these items are missing, the application may be rejected and sent back to applicant for re-submission.

|  |  |
| --- | --- |
|  |  |
| 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)
 |  |

**All supporting documentation (Items 1-5) must be in English**.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Print Name  |  | Date |

**Trivial Amendments Applications**

If this application is for a trivial amendment, please summarise the change(s) in the text box provided below. All amendments to the application form regarding the amendment requested must be in RED FONT.

**Summary of the Trivial Amendment:**

**Pesticide Control Division,**

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





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| --- |
| ***Section 1: Notification Holder\* (person responsible for placing the product on the market)*** |
| Company Name: |  |
| Address: |  |
| Company Tel: |  | Company email: |  |
| Company contact: |  | Contact Tel: |  |
| Contact email |  |  |  |
| DAFM Customer number (if available) |  | Purchase Order number (if available) |  |
| *\*If you are a new applicant/client with the Department of Agriculture, please also fill out the Corporate Customer System (CCS) form on the final page of this document.*  |
| ***Section 2: Product Information*** |
| Product name (Trade name): |  |
| Product-type(s): |  |
| Product Function: |  |
| Formulation type: |  |
|  |  |
| UFI Code (if known): |  |

|  |
| --- |
| ***Section 3: Product Manufacturer*** |
| Company Name: |  |
| Address: |  |
| Company Tel: |  | Company email: |  |
| Company contact: |  | Contact Tel: |  |
| Contact email: |  |  |

|  |
| --- |
| ***Section 4: Additional Product Information*** |
| Brief description of intended uses (max 100 characters): |  |
|  |
|  |
|  |
| 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.  |

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| ***Section 6: Packaging Information\**** |
| **Pack type(s)** | **Packaging** **material(s)** | **Pack** **size(s)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| *\*Insert additional rows if required* |

|  |
| --- |
| ***Section 7a: Primary Distributor(s)***  |
| **Distributor****Company Name (1):** |  |
| Address: |  |
| Company Tel: |  | Company email: |  |
|  |  |
| **Company Name (2):** |  |
| Address: |  |
| Company Tel: |  | Company email: |  |
| *\*Insert lines for each distributor, if required* |  |

***Section 7b: Marketing Company***

|  |  |
| --- | --- |
| **Marketing Company****Company Name:** |  |
| Address: |  |
| Company Tel: |  | Company email: |  |

|  |
| --- |
| ***Section 8: Account Holder (company responsible for paying the notification and annual fees)\**** |
| Company Name: |  |
| Address: |  |
| Company Tel: |  | Company email: |  |
| Company contact: |  | Contact Tel: |  |
| Contact email |  |  |  |
| DAFM Customer number |  | Purchase Order number |  |

*\* If the company named here is a new applicant/client with the Department of Agriculture, please also fill out the Corporate Customer System (CCS) form on the final page of this document.*

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| ***Section 9: Active Substance Manufacturer(s)\**** |
| **Active Substance (1):** |  |  |  |
| Nano Material:  | Yes No |  |  |
| Company name: |  |
| Address: |  |
| Company Tel: |  | Company email: |  |
|  |  |
| **Active Substance (2):** |  |  |  |
| Nano Material:  | Yes No |
| Company name: |  |
| Address: |  |
| Company Tel: |  | Company email: |  |
|  |  |
| **Active Substance (3):** |  |  |  |
| Nano Material:  | Yes No |
| Company name: |  |
| Address: |  |
| Company Tel: |  | Company email: |  |
|  |

*\* Insert lines for each additional active substance, if required*

***Section 10: Product Specification***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is your product a wipe:  | Yes |  | No |  |  |

If yes, please complete

|  |  |
| --- | --- |
| 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 10: Product Specification continued. \****

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Product type** | **Identity of Active Substance in the product**  | **CAS No**  | **Purity of active substance (g/kg)** | **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**  | **Manufacturer of AS**  | **SDS Attached Yes/No** | **Letter of access****(LoA) or supply Attached Yes/No** |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Identity of Co-formulants (other than AS) in the product**  | **Trade name (if applicable)**  | **CAS No**  | **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**  | **Substance of concern Yes/No** | **SDS Attached Yes/No** | **Manufacturer of the co-formulant**  |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |   |  |
|  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |   |   |

*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*

**Completeness check**

1. **Are sections 1 – 10 fully complete?**
2. **Are all supporting documents included?**

|  |  |
| --- | --- |
|  |  |
| 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)**
 |  |

1. **Is the information in this application form consistent with the draft product label, specifically:**
	1. **Product Name**
	2. **Name of Active Substance(s)**
	3. **Active Substance(s) Content**
	4. **Product type**
2. **Is the product specification in section 10 correct and the units identified?**
	1. **The Red column adds up to 1000**
	2. **The Green column add up to 100**

**Applications can only be accepted if section 10 is completed correctly**

**Incomplete/incorrect application forms may be rejected as they lead to longer processing times, which results in a longer application queue. The quality of your application has a direct effect on the numbers of applications we can process.**

**In order to complete the product notification, applicants may be required to submit additional information/documentation within a specific time period. Please note that no reminder emails will be sent.**

**If no information/documentation is received within the specific time period, the application will be rejected.**

**CCS COMPANY REGISTRATION FORM (New Customer) CCS CR/CY**

*Please complete this form fully and return to the Business Area which issued it to you. Please submit bank details if you intend to receive payments from the Department of Agriculture, Food and the Marine (DAFM)*

|  |
| --- |
| \* VAT No: And/Or \* COMPANY IDENTIFIER:\* COMPANY NAME:  |
| TRADING NAME: |
| \* NATIONALITY: \* LANGUAGE |
| CONTACT NAME: |
| \* POSTAL ADDRESS EIRCODE:  |
| BUSINESS ADDRESS (if different)EIRCODE:  |
| TELEPHONE: \*MOBILE:\* EMAIL ADDRESS FAX NO: |
| TAX CLEARANCE DETAILSACCESS CODE: TRN: |
|  **Withholding Tax □ *(tick box)*** **If your business provides a Professional Service, it is subject to Professional Services Withholding Tax. (PSWT)** (see [www.revenue.ie](http://www.revenue.ie) for more information)**Tax Type: Corporation Tax ⬜ Income Tax ⬜** | **Relevant Contract Tax □ *(tick box)*** **If your business relates to Construction, Forestry or Meat Processing Industries, payments are subject to Relevant Contracts Tax. (RCT)** (see [www.revenue.ie](http://www.revenue.ie) for more information)  |
| Signature: Date: |
| *Any fields denoted by an asterisk are mandatory and must be completed* |
| **Return to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **For Official Use Only – To be completed by DAFM Business Area****Select Farmer Status (for statistical purposes) Full Time:** □ **Part time:** □ **Non Farmer** □ **X****Business Role: \_\_\_Supplier\_\_\_\_\_\_ Business ID: \_\_\_\_\_\_\_\_\_\_\_\_\_ Start date: \_\_\_\_1.1.21\_\_****Is this Company to be set up as** Accounts Payable⬜ **OR** Accounts Receivable ⬜ X (DAFM pays customer) (Customer pays DAFM)**Tax Clearance details: Access Code and TRN verified? Yes** □ **No** □**Liability for RCT established? Yes** □ **No** □ **Liability for PSWT established?: Yes** □ **No** □**Prepared by: Approved by:****Business Area: Business Area:****Grade: Grade:****Phone No : Phone No:****Date:** **Date:**  |