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Agriculture_MASTER_Std_Colour | Pesticide Registration DivisionDAFM LaboratoriesBackweston CampusCelbridge | Co. KildareIRELANDW23 VW2CEmail: Prd\_apppt@agriculture.gov.ieWeb: [www.pcs.agriculture.gov.ie](http://www.pcs.agriculture.gov.ie) |
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| **Application for Approval to use a Plant Protection Product in a trial(s)**European Communities (Plant Protection Products) Regulations, 2012 (S.I. No. 159 of 2012) |
| **NB: Please read Information note before completing this form** |
| **Section 1- Applicant Details** |
| Name: |  | Tel: |
| Address |  | Fax: |
|  | Mobile: |
|  | Email: |
|  |
| **Section 2 – Details of plant protection product(s) to be trialled:** |
| **2.1 - Codes/ Names of product** (All codes /names that the product will have in IE trials)Please keep each product’s entry to the same row number in 2.1 and 2.2 & 2.4 below. |
|  | **Code and/or Name** | **Authorised Trade Name in IE** | **PCS No. (if applicable)** | **Is proposed use currently authorised in IE Yes/No** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
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| **2.2 –** **Active Substance(s) in the plant protection product:** |
|  | **Active Substance(s) name/Code** | **IUPAC or CAS name** | **EU Approved Yes/No** | **New AS or Old AS** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
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| **2.3 – EU Unauthorised Active Substance:** (Please provide a brief summary of available data in a separate document, reference can be made to existing dossier’s (e.g. from US EPA etc but **PRD must have a copy**) |

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| **2.4 - Proposed trial: Crop / rates for each crop:**  |  |
|  | **Crop** | **Function** (H, F, I) | **Max rate of each a.s. (g/ha) in the formulation.** | **Type/method of application** (e.g. seed treatment/ foliar spray) | **Application Rate****kg or L product/ha** |
| a) Max. rate per application | b) Max. total rate per crop/season |
| **1.** |  |  | ***Active substance 1 xx g/ha******Active substance 2 xx g/ha*** |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |
|  |  |
| **2.5 - Proposed label /leaflet: (risk and safety information).** * Please supply a copy of the classification proposed for the product or a copy of the label from another MS (where the product is authorised).
* **A copy of the MSDS must be provided to PRD**.
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| **Section 3 – Declaration:** |
| I confirm that the information provided in and with this APPPT application is correct and complete and if approval to use a plant protection product in trial(s) is granted, I agree to abide by the terms and conditions and undertake to immediately inform the competent authority (DAFM) of all new information on the potentially harmful effects of the plant protection product or of their residues on human or animal health or on the environment. |
| **Name (Print)** |  | **Date** |
| **Signature**  |  | **Position** |
| **WARNING: It is an offence to provide false or misleading information, or to fail to disclose information relevant to this application.** |