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| Image result for dept of agriculture food and the marine logo | Pesticide Registration DivisionDAFM LaboratoriesBackweston CampusCelbridge | Co. KildareIRELANDW23 VW2CTelephone: 353 1 615 7552Fax: 353 1 615 7575Email: Prd\_trials@agriculture.gov.ieWeb: [www.pcs.agriculture.gov.ie](http://www.pcs.agriculture.gov.ie) |
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| **Application for a Test Facility Trial Permit (TFTP)**European Communities (Plant Protection Products) Regulations, 2012 (S.I. No. 159 of 2012) |
| **NB: Please read Information note before completing this form** |
| Please tick as appropriate:Program of Trials□Single/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)** (tick as appropriate)New TFTP □ Renewal of a TFTP □ Extension of a TFTP □ |
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| **1.3 - Status of Applicant:** (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.................................................................................................................................. |
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| **1.4** **Type of test** (tick as appropriate)Effectiveness □ Crop Safety □Other □ (describe)…………………………………………………………………………………………… |
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| **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 –Proposed trials/experiments which will be carried out:**(tick the effectiveness and/or crop safety box for each crop type/area applied for) |
| **Crop Type** | **Trial Type** | **Crop Type** | **Trial Type** |
|  | 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). (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 are regularly calibrated and maintained as appropriate, and that these records are available for inspection □ (please tick box) |
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| **Section 4. Standard Operating Procedures (SOPs)/Manuals** Please provide a separate list and copies of all SOPs relating to efficacy testing work |
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| **Section 5 – Sites and Premises** (complete Appendix 1 for each site or premises for which the application applies) |
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| **Section 6- Further information:** |
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| **Section 7 – Declaration:** |
| I am willing to allow my contact details to be published on a DAFM database of registered Test Facilities: □ (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.** |