



AGENCY OF AGRICULTURE, FOOD & MARKETS

Public Health and Agricultural Resource Management Division

Steve Dwinell, Director

www.agriculture.vermont.gov

116 State Street • Montpelier, Vermont 05620-2901 • (802) 828-5667 • (802) 828-1410 fax

EXPERIMENTAL USE PERMIT (EUP) APPLICATION

Pursuant to 6 V.S.A. Chapter 87 and the Vermont Rule for Control of Pesticides (the Rule), a request is made for an experimental use permit in order to:

- accumulate information or data necessary to register a pesticide for special local needs.
- conduct laboratory, greenhouse, or limited replicated field trials to test or validate a substance for pesticidal activity, determine its toxicity, or other related chemical properties to the extent allowed under FIFRA.
- conduct an experimental use in the State for all or some of the uses provided on the label under the experimental use permit issued by the EPA pursuant to Sections 5(a)-(e) of FIFRA.

APPLICANT INFORMATION

Title of Organization:
Address:
Phone:
Contact Person:
Vermont Pesticide Applicator Certificate Number:

EXPERIMENTAL USE INFORMATION

Please describe the objective(s) of the testing program:		
Product Name(s):	Active Ingredient(s):	EPA Registration Number (if applicable):
Application rate(s):	Spray concentrate(s):	
Amount(s) of pesticide(s) to be used for experimental action:		
Method(s) of application:		
Pest(s) to be controlled:		
The crop(s) or site(s) to be treated:		
Tentative date(s) of the pesticide application(s):		
Federal Register citation reference for established tolerances under Section 408 of the Federal Food, Drug and Cosmetic Act or a regulation established under Section 409 of the Act for food or feed crops to be treated:		

SITE SPECIFIC INFORMATION

Total acreage to be treated:

Plot size:	No. replicates
Plot location(s):	

PARTICIPANTS

Names and addresses of all study cooperators and participants:	
Name:	Address:
Name:	Address:
Name:	Address:

ADDITIONAL INFORMATION TO BE SUBMITTED WITH APPLICATION

1. Copy of registered or supplemental labeling for the product(s) to be used under the Experimental Use Permit.
2. Confidential Statement of Formula (Active and Inactive Ingredients) for new products.
3. For products not previously reviewed by this Agency, include a summary of toxicological, efficacy, physical/chemical, and environmental fate, data.
4. For products intended for use in water, please contact the Department of Environmental Conservation Watershed Management Division, Davis Building - 3rd Floor, One National Life Drive, Montpelier, VT 05620-3522, 802-828-1115, or – olin.reed@vermont.gov.
5. Describe procedures for handling food or feed crops where tolerances have not been established or where treatment might exceed tolerance established:

6. Describe procedures for disposal of surplus products and containers:

CERTIFICATION OF COMPLIANCE

Submit this application electronically to: zach.szczukowski@vermont.gov

The Applicant certifies that, to the best of their knowledge, the provided information is true and accurate.

The Applicant further certifies they are in good standing with respect to any obligations for child support and, that under the pains and penalties of perjury, are in good standing with respect to or in full compliance with a plan approved by the Commissioner of Taxes to pay any and all taxes due to the State of Vermont as of the date of this application.

SIGNATURE: _____ **Date:** _____

(NOTE: Additional sheets may be attached to include further information.)