

THE PESTICIDES CONTROL BOARD
(Established under the Pesticides Control Act of 1975)

APPROVAL OF PESTICIDE

The Secretary
Pesticides Control Board
Ministry of Agriculture
Castries

Dear Sir/Madam,

I (Name)
of (Address)
hereby apply to the Pesticides Control Board for approval of the pesticide
..... (Trade Name)

1. Name of Manufacturer

2. Common names of all active ingredients and their percentage content and the percentages and types of the remaining ingredients of the pesticide

3. Type of formulation. (Specify whether the pesticide is an emulsifiable concentrate, wettable powder, dust, granule or has any other physical form). (Please use this form for one type of formulation only).
.....

4. Crops and types of pests for which pesticide is to be used

5. Manufacturers recommended method, frequency and rate of application

6. First aid measures to be taken pending medical advice in a case of suspected poisoning by the pesticide and the treatment that should be administered by a medical practitioner. Specify recommended antidotes.
.....
.....
.....
.....

7. The toxic effects likely to be caused in persons using or handling the pesticide with special reference to the toxic effects likely to be caused, by ingestion, by inhalation and by absorption through the skin

8. (a) Recommended period between final application and harvest

(b) Information on the levels of residues in food likely to result from use recommended rates, timing, frequency and methods of application

9. The toxic effects which the use of the pesticides may have on birds, fishes, bees, biological agents and on other wild life and domestic animals

10. LD₅₀ of pesticide. State tested animals:

Oral

Dermal

Inhalation

11. Methods for formulation analysis of the pesticides and for analysis of its residues in crops, animals, produce and animals products. (Note: Reference to published methods of analysis will be acceptable).

12. Tolerance levels as prescribed by FAO/WHO

13. Other information (usage etc.)

Applicant :

Date :