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,

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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
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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
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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.

**********	8. (a) Recommended period between final application and harvest
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	(b) Information on the levels of residues in food likely to result from use recommended rates,
	frequency and methods of application
	9. The toxic effects which the use of the pesticides may have on birds, fishes, bees, biological ago
on othe	er wild life and domestic animals

	10. LD ₅₀ of pesticide. State tested animals:
	Oral
	Dermal
	Inhalation
	11. Methods for formulation analysis of the pesticides and for analysis of its residues in crops, a
produc	11. Methods for formulation analysis of the pesticides and for analysis of its residues in crops, a e and animals products. (Note: Reference to published methods of analysis will be acceptable)
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