



IR-4 Minor Use Pesticide Clearance Request Form

FOR OFFICE USE ONLY	
Date: _____	_____
Cat.: _____	PR. # _____

1. Requester:

Name: _____ Affiliation: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ FAX: () _____ E-mail _____

2. Pesticide: (Common Name / Mfg.): _____

3. Commodity: (Complete one form per crop):

Crop: _____
Use site (field, greenhouse, post-harvest etc.): _____
Parts Consumed: _____ Animal Feed By-Products Yes ___ No ___
Planting Season: _____
Harvest Season: _____
Local Acreage: _____ % National: _____

4. Target Pest(s) / Potential Effects: _____

5. Why is this use needed?: _____

6. Proposed Labeling:

Trade Name / Formulation: _____
Dosage Rate (Active Ingredient/Acre): _____
Application Parameters: (Type of sprayer, volume range, etc.): _____

Directions for Use (Timing, No. Appl., Frequency, etc.): _____

Limitations (Preharvest interval, total amount of a.i./acre/year): _____
Special Safety Precautions (If Any): _____

7. Supporting Data Availability*: (Check appropriate items):

_____ Phytotoxicity(P) _____ Pest Control(E) _____ Yield(Y) _____ All (P,E,Y) _____ Other

**Preliminary data may be required to support your request.*

8. Submitted By:

Name: _____ Signature: _____ Date: ___ / ___ / ___

See Reverse Side for Directions and Additional Space for Comments

**IR-4 Project, Center for Minor Crop Pest Management,
Technology Centre of New Jersey, Rutgers University
681 U.S. Highway #1 South, North Brunswick, NJ 08902-3390
Phone (732) 932-9575 • FAX # (732) 932-8481**

Directions (Please make forms as complete as possible)

1. Provide name, address and contact numbers.
2. Provide the common name and registrant of pesticide needed. Complete one form per pesticide.
3. List information about the crop, include genus, species and variety/cultivar if appropriate. Complete one form per crop. Also include appropriate information such as where will pesticide be used; what are the resulting harvested fractions (e.g. leaves, roots, fruit, etc.); local production information such as when crop is planted (if annual crop or if requests for a planting treatment of perennial crop) and when crop is harvested; and estimate of local acreage and its percentage of national production.
4. List the target pest(s) and provide a brief description of its potential damage to crop.
5. Explain the need for this use.
6. Provide proposed use directions. Include formulations requested; the potential highest maximum dosage rate based on active ingredient; application parameters such as type of sprayer, (e.g. boom sprayer, air blast, granular drop, airplane etc.) carrier volume range per acre, etc.; brief application directions such as timing (include crop growth stages if appropriate), number of applications, frequency, etc.; last treatment to preharvest interval, total a.i./acre, and other use limitations, and any special safety precautions.
7. Indicate by checking appropriate items, which type of data are available.
IR-4 may require you to submit preliminary performance data to support this request.
We encourage submission of the supporting data along with this request.
8. Provide the printed name, signature of the individual submitting this form.

ADDITIONAL / COMMENTS