



Form 1

Pesticides Control Board of Barbados
THE PESTICIDES CONTROL (APPROVAL OF PESTICIDES) REGULATIONS, 1974
APPLICATION FOR APPROVAL OF A PESTICIDE

Date:.....

1. Trade Name of Product:.....
.....

2a. Name of applicant:.....

2b. Applicant's Physical (Street) Address:.....
.....

2c. Applicant's Postal Address:.....
.....
.....

3. Type of Pesticide:.....

4. Intended Use.....
.....

5a. Name of Manufacturer of Pesticides Formulation:.....
.....

5b. Manufacturer's Physical (Street) Address:.....
.....
.....

5c. Manufacturer's Postal Address:.....
.....
.....

5d. Manufacturer's Email Address.....

6a. Is the product registered in the country of manufacture if no, give reasons

.....
.....
.....

7. Countries in the Caribbean for which the product is registered:.....

.....
.....

8. Details of Pesticide Formulation:

<u>Constituents</u>	<u>Concentration</u> [g/L, mg/L, g/kg, mg/kg]	<u>Percentage</u>
Active Ingredients		
Non-active Ingredients		

9. Type of formulation:.....

10. Specific Gravity (liquids):.....

11. LD50 of Pesticide – Active Ingredient

Animal species tested	ORAL	DERMAL	INHALATION
a			
b			
c			

12. LD50 of Pesticide – Formulation

Animal species tested	ORAL	DERMAL	INHALATION
a			
b			
c			

13. Methods of pesticide formulation and residue analysis

Pesticide:.....

Formulation:.....

14. Toxic effects on persons using or handling the pesticides:

Ingestion:.....

.....

Inhalation:.....

.....

Absorption through the skin:.....

.....

15. Toxic effects on the environment and non-target animals

a. Birds.....

b. Fish.....

c. Bees.....

d. Other wild life.....

e. Domestic animals.....

f. Water (K_{ow}).....

g. Other environmental effects.....

16. First Aid; Medical Treatment Advice; Antidote:

First Aid:.....

.....

Medical Treatment:.....

.....

Antidote(s):.....

.....

17. Crops on which pesticide may be used:.....

.....

.....

.....
18. State crops on which the pesticides will be used locally.....

.....
.....

19. Pests on which pesticide is to be used:.....

.....
.....

20. Maximum Residual Limits (MRL) for recommended crops.....

.....
.....

21. Tolerance levels as prescribed by FAO / WHO.....

.....
.....

22a. Manufacturer's recommended frequency of application.....

.....
22b. Manufacturer's recommended rate of application.....

.....

22c. Manufacturer's recommended re-entry period:.....

22d. Recommended period between final application and harvest (PHI).....

.....
.....

23. Other information (Usage, etc.).....

.....
.....

.....
.....

24. Details of pesticides imported with the request of this license:

a Size(s) of container(s) [ml, L, g, kg].....
.....
.....

b. Number of containers in this shipment.....
.....
.....

b Description of container.....
.....
.....

c Method of attachment of label.....

e. Amount annually.....

25. Details of method of storage:

a. Manufacturer's recommendations:.....
.....
.....

b. Address of storage area:.....
.....
.....

c. Description of storage area:
Size room (sq ft).....
Wood or stone.....
Security.....
Ventilation.....
Elevation (describe).....
Fire safety devices:.....

DECLARATION: I declare that to the best of my knowledge the information I have provided to register this pesticide is true

NAME (PERSON MAKING APPLICATION-Please print):.....

SIGNATURE:.....

DATE:.....

CONTACT NUMBER(S):.....

.....

COMPANY STAMP:

THE ORIGINAL COPY OF THE APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING SUPPORTING DOCUMENTATION:

PHYSICAL AND CHEMICAL PROPERTIES AND EFFICACY

ANALYTICAL METHODS FOR THE ACTIVE INGREDIENT AND RESIDUES

TOXICOLOGY, FIRST AID AND MEDICAL ADVICE

RESIDUES IN FOOD

ENVIRONMENTAL FATE

ECOTOXICOLOGY

3 COPIES OF COLOURED LABEL IN ITS ORIGINAL FORMAT

FORMULATION DETAILS

MATERIAL SAFETY DATA SHEET FOR PRODUCT

THIS SECTION IS FOR OFFICIAL USE ONLY

DATE APPLICATION ACCEPTED.....

APPLICATION FILE NUMBER.....

NAME IN FULL OF OFFICER PROCESSING APPLICATION:

.....

SIGNATURE.....

Year/Month/Day.....

