

Authorization Number

Experimental Pesticide Use Report

1. Researcher			
<p><u>Notice:</u> This form must be returned to close out a Research Authorization. If no trials were conducted, check the “No Trials Conducted” box below, sign and return form. Please provide best contact number for follow up questions.</p>	Researcher		<p>Return copy to: RA Coordinator Pesticide Registration Branch Dept. of Pesticide Regulation P.O. Box 4015 Sacramento, CA 95812-4015</p>
Firm Name			
Address			
City, State Zip			
Phone # /			

Use Data						
2. Product Name	3. Formulation (only one)	4. Area or Units Treated	5. Commodity or Site Treated (only one)	6. Crop Disposition	7. County Where Trial Was Conducted (only one)	
I						
8. Active Ingredient(s)			9. Total Lbs. AI Used			

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To add additional trial information, please use Experimental Pesticide Use Report (Continued) form DPR-REG-028b (Est. 4/15), hereby incorporated by reference.

<input type="checkbox"/> No Trials Conducted		
Certification		
<p>Failure to comply with any of the conditions of this authorization pursuant to Title 3 California Code of Regulations §§ 6260-6272 could result in revocation of the authorization and an administrative fine up to \$5,000 for each time a condition or regulation is violated (Food and Agricultural Code § 12999.5).</p> <p>I certify that all the information contained within this form is true and complete to the best of my knowledge.</p>		
10. Signature of Researcher	Title	Date

If you need assistance with completing this report, contact the Research Authorization coordinator in the Pesticide Registration Branch at (916) 445-4400. Or for additional information, refer to DPR's Web site at <<http://www.cdpr.ca.gov/docs/registration/regforms/ra/ramenu.htm>>. Each Research Authorization must be reported separately. Do not combine more than one Research Authorization on the same report. Additional use information including product name, formulation, commodity/site treated, county where trial was conducted, and/or active ingredients may be provided by filling out and submitting to DPR form DPR-REG-028b (Est. 4/15).

1. Researcher:
Researcher in control of the pesticide research trial. Enter the firm name and mailing address. Return a copy to Plant Physiologist within two weeks of the research authorization expiration date. If no trials were conducted, check the box labeled "No Trials Conducted," sign and return form.
Use Data
2. Product Name: List the brand name or trade name of the pesticide product used. For subsequent products, you may add Roman numerals (e.g., I, II, III, IV) to the first box under Product Name. Do not report use of California registered test standard products used in accordance with label directions on this form. Instead, report use to the Agricultural Commissioner in county where trials were conducted in accordance with pesticide use reporting regulations in Title 3 California Code of Regulations §6626 and §6627.
3. Formulation (only one): List the formulation of the product used. Each product formulation must be entered separately. Use DPR-REG-028b, Est. 4/15.
4. Area or Units Treated: Enter the area or total units treated. Examples include 6.5 acres, 5,000 ft ² , 500 ft ³ , 45 hives, 90 trees.
5. Commodity or Site Treated (only one): Enter the name of the treated commodity (such as cherries), or treated sites (such as containers, trees, fruit, animals, burrows, mounds, residences, hives, traps, de-greening room, greenhouses, towers). Only one commodity or site may be listed per product name section.
6. Crop Disposition: Enter final disposition of the treated commodity/site: "harvest," "destruct," or "non-crop" sites (e.g., non-bearing trees, vines, bare ground, roadsides, ditches, fence lines).
7. County Where Trial Was Conducted (only one): Enter the county name where trial was conducted. Only one county may be listed per product name section. If the product was tested in multiple counties, list use in each county separately.
8. Active Ingredient(s): Enter each active ingredient in the product formulation.
9. Total Lbs. AI Used: Enter the total pounds of each active ingredient used per formulation/site/county. Amount of active ingredient other than pounds must be converted.
Certification
10. Signature of Researcher/Title/Date: Responsible researcher shall sign, give title or profession, and date report before submitting to DPR.

Note: If multiple pages are used [form DPR-REG-027b (Est. 4/15)], please fill in the page numbers at the bottom right corner of the page to ensure the submission is complete.