State of California
Department of Pesticide Regulation
Pesticide Research Authorization
DPR-REG-027a (Est. 4/15)
See Instructions on Reverse

ADOPT

DPR Use ONLY

Pesticide Research Authorization

1. Researcher			
Researcher		Phone #	
Firm Name		Mobile Phone #	
Address		E-mail Address	
City, State Zip		Type or print address information for use as a mailing label.	

Pesticide

2. Product Name	3. U.S. EPA Reg. or EUP No (if any)	4. Pesticide Reg. Type (check one)	5. Fumigant
I		☐ Fed ☐ CA ☐ Both ☐ Unreg	☐ Yes ☐ No

6. Active Ingredient(s)	7. Maximum Rate (A.I.)	8. Method of Application (check one or more)
		☐ Aerial ☐ Handheld
		☐ Ground ☐ Chemigation
		☐ _____

9. Type of Pesticide (check one or more)

☐ Insecticide ☐ Herbicide ☐ Defoliant ☐ Rodenticide ☐ Plant Growth Regulator ☐ Pheromone
☐ Spray Adjuvant ☐ Fungicide ☐ Desiccant ☐ Nematicide ☐ _____

10. Formulation	11. Residue Tolerance (check one)	12. Multiple Applications	13. Max Size of Each Trial	14. Max # of Trials	15. Total Area or Units
	☐Yes ☐No ☐Exempt	☐Yes ☐No			

16. Stage of Growth (check one or more – Pre- and Post-harvest cannot both be selected on one RA)

☐ Seeds ☐ Pre-plant ☐ Pre-emergent ☐ Growing season ☐ Pre-harvest ☐ Post-harvest ☐ Dormant ☐ _____

	17. Commodity, Crop Group or Site to be Treated	18. Disposition of Treated Commodity (check one)
A		☐ Harvest ☐ Non-Crop ☐ Destruct
B		☐ Harvest ☐ Non-Crop ☐ Destruct
C		☐ Harvest ☐ Non-Crop ☐ Destruct

To add pesticides or commodities, use Pesticide Research Authorization (Additional Pesticides) form DPR-REG-027b (Est. 4/15), hereby incorporated by reference.

Research Detail

19. Type of Data Sought (check one or more)	20. Starting Date	21. Last Application Date	22. Trial Completion Date
☐ Efficacy ☐ Phytotoxicity ☐ Residue ☐ Field Dissipation ☐_____			

23. County(ies) of use (if known):

By signing below, researcher accepts responsibility for compliance with Title 3 California Code of Regulations (3 CCR) §§ 6260 – 6272.

24. Signature of Responsible Researcher	Title	Date

DPR Use Only

☐ Treated commodity checked as "harvest" in box 18 may be harvested, provided treatments are applied according to the U.S. EPA registered label with respect to rates, timing and preharvest interval (PHI).

☐ **Approved with site specific requirements – see attached form DPR-REG-027c.**

- This authorization is approved for use statewide and expires on the completion date shown above unless otherwise specified.
- This authorization, however, does not apply to use on Federal or tribal lands; use on such lands requires Federal or tribal authorization.
- Failure to comply with any of the conditions of this authorization pursuant to 3 CCR §§ 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).
- For U.S. EPA registered products, the applicant is required to follow all label directions, with the exception of those that would be inconsistent with the purpose of the research.

DPR Approval	Date

INCOMPLETE APPLICATIONS WILL DELAY YOUR APPROVAL.

If you need assistance with completing this form, 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>.

1. Researcher:

This shall be the researcher in control of the pesticide research trial. Enter the firm name, mailing address, phone number, cell phone number or best contact number, and e-mail address. Please type or print this information as it will be used to mail back your authorization.

Pesticide

2. **Product Name:** Enter next to box "I" the brand/trade name of the pesticide product. If trials require multiple pesticide products, please include them on Additional Pesticides form DPR-REG-027b and identify each product with a sequential Roman numeral (*e.g.,* I, II, III, IV). Do not include standards used in accordance with label directions on this form. Standards are not considered as research test materials.

3. **U.S. EPA Registration Number or Experimental Use Permit Number (EUP No.) *(if any)*:** If product is federally registered, enter the assigned U.S. EPA registration number. If research is being requested under an EUP, enter that number in the box. If neither, enter word NONE.

4. **Pesticide Registration Type *(check one)*:** If the product is federally registered, check "Fed." If the product only has a California registration, check "CA." If the product is registered with both U.S. EPA and California, check "Both." If not registered federally or in California, check "Unreg."

5. **Fumigant:** If the product is a fumigant, check "Yes." If not, check "No."

6. **Active Ingredient(s):** Enter each active ingredient in the product formulation as it appears on the label or MSDS/SDS, unless 3 CCR § 6262(b) applies. Please list multiple active ingredients in a product separately. If product, other than a spray adjuvant, has more than three active ingredients, then an additional application (DPR-REG-027b, Est. 4/15) shall be attached with a reference to the product identifier Roman numeral.

7. **Maximum Rate (A.I.):** Enter the maximum rate of active ingredient (a.i.) per area or unit that will be used. The maximum rate should be listed as mass (*e.g.,* g, lbs, mg, µg) per area unit (*e.g.,* sq. ft., acre, object). Examples include % W/W, FL OZ AI/SQ FT, LBS AI/A, MG AI/ML, PPB, µg/mL.

8. **Method of Application *(check one or more)*:** For aerial applications, check "Aerial." For ground applications such as backpack sprayer, mechanized ground rig, direct soil applied (inject, shank, chisel, or work into soil), check "Ground." For handheld applications such as tree injection, sprinkle can, handheld spreader, dip, mop, wash, and drench, check "Handheld." For applications made through irrigation lines, wheel lines, hand move, solid set, gun, pipeline, ditch injection, check "Chemigation." For others, check the unlabeled box and write in the method type. Examples include bait, coating (*e.g.,* seed, paint), dust, fog, trap/device, wick applicator.

9. **Type of Pesticide *(check one or more)*:** Write in or check all pesticide types that apply.

10. **Formulation:** Enter the best description of the pesticide formulation: Dust/Powder, Granular/Flake, Impregnated Material, Microencapsulated, Pellet, Tablet, Cake, Briquet, Pressurized Dust, Soluble Powder, Wettable Powder, Dry Flowable, Aqueous (Liquid) Concentrate, Emulsifiable Concentrate, Flowable Concentrate, Gel, Paste, Oil, Paint, Coatings, Pressurized Gas, Pressurized Liquid/Sprays/Foggers, Solution/liquid (ready-to-use), Suspension, or other formulation not listed here. Separate product formulations should be entered separately as individual products.

11. **Residue Tolerance *(check one)*:** If U.S. EPA tolerance has been established for all active ingredients on the requested commodity, crop group or site to be treated, check "Yes." If no U.S. EPA tolerance has been established for the active ingredient(s) on any of the commodities to be treated, check "No." If the active ingredient(s) and commodity, crop group or site to be treated is exempt from the requirement of a tolerance [Title 40 Code of Federal Regulations (CFR)], check "Exempt" (see 40 CFR Part 180 for tolerances and exemptions). This selection will be used in the determination of the disposition of treated commodity (*e.g.,* harvest, non-crop, and destruct).

12. **Multiple Applications:** If plan to make sequential applications, check the "Yes" box. For single applications, check the "No" box.

13. **Maximum Size of Each Trial:** Enter the maximum size of each trial requested. Examples include 0.1 acre, 3,000 sq. ft., 5 containers, 1 cu. ft., 10 trees, 100 pounds fruit, 6 animals, 10 burrows, 20 mounds, 5 residences, 5 hives.

14. **Maximum Number of Trials:** Enter the total number of trials requested. Examples include 5, 10, 20, or as many as needed and possible.

15. **Total Area or Units:** Enter the total area or total units requested. Examples include 10 acres, 435,600 sq. ft., 500 cu. ft., 45 hives, 90 trees.

16. **Stage of Growth *(check one or more)*:** For application to seeds, pre-plant (before seeding), pre-emergent (after seeding), check the appropriate box. If applications are made to blooms or foliage (while the crop is actively growing), check "Growing season." If applications are made to mature crops prior to harvest, check "Pre-harvest." If applications are made to harvested fruits, commodities, or permanent plants after last harvest but before dormancy (*e.g.,* orchards, vineyards), check "Post-harvest." NOTE: Pre- and Post-harvest CANNOT both be selected for one product.

17. **Commodity, Crop Group or Site to be Treated:** Identify each crop to be treated, (such as cherries), or crop group, (such as stone fruits), or site, such as containers, trees, animals, burrows, mounds, fruit, residences, hives, traps, de-greening room, greenhouses, towers.

18. **Disposition of Treated Commodity *(check one)*:** For each listed commodity/crop group, check appropriate box: harvest, non-crop or destruct. Examples of non-crop include non-bearing trees, vines, bare ground, roadsides, ditches, fence lines, rights-of-way.

Research Detail

19. **Type of Data Sought *(check one or more)*:** If determining the effectiveness of the product, check "Efficacy." If determining delay of seed germination, inhibition of plant growth or any adverse effect on plants caused by the product, check "Phytotoxicity." If determining residue levels in the plants or commodity, check "Residue." If determining product degradation or dispersal in soil profile, check "Field Dissipation." If not one of the above, then write in the appropriate type such as exposure studies, flux, resistance, application equipment calibration.

20. **Starting Date:** The date of the first application. If multiple trials are planned, list ONLY the application date of the first trial to be conducted. NOTE: After this Research Authorization is approved, any proposed changes must be submitted for approval as an amendment.

21. **Last Application Date:** The date after which no additional applications will be made.

22. **Trial Completion Date:** Is the expiration date stated on the research authorization. 3 CCR § 6266 requires the researcher submit an experimental pesticide use report (DPR-REG-028a, Est. 4/15) within two weeks of the expiration date.

23. **County(ies) of use:** If known in advance of the trial, enter the county name or names where the trials may take place.

24. **Signature/Title/Date:** The responsible researcher that has authority to sign, give title or profession, and date the form. This person also accepts the responsibility for compliance with 3 CCR § 6260-6272 (failure may include revocation of research authorizations and fines).