STATE OF CALIFORNIA

REQUEST FOR A SPECIAL LOCAL NEED REGISTRATION (SLN), SECTION 24(c)

PR-REG-004 (Est. 7/91)(Rev. 11/98)

DEPARTMENT OF PESTICIDE REGULATION
PESTICIDE REGISTRATION BRANCH
830 K STREET, 9th STREET - L/L
SACRAMENTO, CALIFORNIA 95814-3510
(916) 445-4400

Type of SLN: [ ] First-Party or [ ] Third-Party

It is recognized that the issuance of a SLN does not constitute a recommendation by the California Department of Pesticide Regulation or relieve the user of any responsibility. **USE ADDITIONAL PAGES IF NECESSARY.**

Give a complete description of the problem. Also, submit evidence such as field data, copies of published articles, or written statements by qualified experts that the special local need exists.

List any other products which are registered in California for this use. Give reasons why these alternatives are not available or are not effective in controlling the pest(s).

For what similar use is the product registered?

Will the crop be marketed fresh or processed?

What, if any, are the anticipated hazards to bees, fish, wildlife or any nontarget organisms?

What will be the total amount of acreage treated? (estimate)

Has a residue tolerance been established for the food or feed crop?

ADDITIONAL REQUIREMENTS NECESSARY FOR THE ISSUANCE OF A SLN

1. A copy of the U.S. EPA Federal SLN, **EPA Form 8570-25**, signed by the proposed registrant.
2. Efficacy and phytotoxicity data: If the use is on a food crop, residue data is also required.
3. A letter of authorization from the manufacturer.

STATE OF CALIFORNIA

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PR-REG-004 (Est. 7/91)(Rev. 2/97)

THE PROPOSED LABEL

Product Name: _____ U.S. EPA Reg. No. _____

Manufacturer: _____ Location: _____

Crop/Commodity/Site: _____ Pest(s): _____

Proposed Dosage: _____ Proposed Dilution Rate: _____

Method of Application: _____ Frequency/Timing of Application: _____

Proposed Restricted Entry Interval (REI): _____ Proposed Preharvest Interval (PHI): _____

Other Special Requirements:

_____

_____

Name and Address of the SLN Registrant:

_____

_____

_____

_____

Contact Person: _____ Telephone Number: _____

_____

Signature Date

_____

Signature of County Agricultural Commissioner (Approval for Permit if Necessary)

Return This Form To: Department of Pesticide Regulation
Pesticide Registration Branch
830 K Street, 9th Street - L/L
Sacramento, California 95814-3510
(916) 445-4400 ; fax: (916) 324-1719