State of California
Department of Pesticide Regulation
Experimental Pesticide Use Report
PR-REG-028a (Est. 12/12)

Authorization Number

Experimental Pesticide Use Report

1. Researcher			
Notice: 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.	**Researcher**		**Return copy to:** Plant Physiologist Pesticide Registration Branch Dept. of Pesticide Regulation P.O. Box 4015 Sacramento, CA 95812-4015
	Firm Name		
	Address		
	City, State Zip		

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 form PR-REG-028b.

☐ **No Trials Conducted**

Certification

Failure to comply with any of the conditions of this authorization or Title 3 California Code of Regulations Sections 6260-6272 could result in revocation of the authorization and an administrative fine up to $5,000 for each time a condition is violated.

I certify that all the information contained within this form is true and complete to the best of my knowledge.

10. Signature of Researcher	Title	Date

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Pesticide Research Authorization
PR-REG-028a (Rev. 12/12)

If you need assistance with completing this report, contact the Research Authorization lead 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 PR-REG-028b (Est. 12/12).

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 with one of the following Pesticide Use Report forms: • For harvestable crops, report on form PR-ENF-017C, PR-ENF-183, or PR-ENF-184 as appropriate. • For crop destruct or non-crop, report on form PR-ENF-060. In column "E", use code "99."
3. **Formulation *(only one)*:** List the formulation of the product used. Each product formulation must be entered separately. Use PR-REG-028b, Est. 12/12.
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.
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 PR-REG-027b (Est. 12/12)], please fill in the page numbers at the bottom right corner of the page to ensure the submission is complete.