



United States Environmental Protection Agency
 Office of Pesticide Programs
 Registration Division (TS-767)
 Washington, DC 20460

Application for/Notification of State Registration of a Pesticide To Meet a Special Local Need
(Pursuant to Section 24(C) of the Federal Insecticide, Fungicide, and Rodenticide Act, as Amended)

For State Use Only	
Registration No. Assigned	
Date Registration Issued	

1. Name and Address of Applicant for Registration		2. Product is (Check one)	
		EPA Registered <input type="checkbox"/>	EPA Registration Number
		New (not EPA-registered) Attach EPA Form 8570-4, Confidential Statement of Formula, fix now products. <input type="checkbox"/>	EPA Company Number
		3. Active Ingredient(s) in Product	
4. Product Name		5. If this is a food/feed use, a tolerance or other residue clearance is required. Cite appropriate regulations in 40 CFR Part 180, 185, and/or 186.	
6. Type of Registration (Give details in Item 13 or on a separate page, property identified and attached to this form).		7. Nature of Special Local Need (check one)	
a. To permit use of a new product.		<input type="checkbox"/> There is no pesticide product registered by EPA for such use.	
b. To amend EPA registrations for one or more of the following purposes:		<input type="checkbox"/> There is no EPA-registered pesticide product which, under the conditions of use within the State, would be as safe and/or as efficacious for use within the terms and condition of EPA registration	
<input type="checkbox"/> (1) To permit use on additional crops or animals.		<input type="checkbox"/> An appropriate EPA-registered pesticide product is not available.	
<input type="checkbox"/> (2) To permit use at additional sites.		8. If this registration is an amendment to an EPA-registered product, is it for a "new use" as defined in 40 CCFR 152.3?	
<input type="checkbox"/> (3) To permit use against additional pests.		<input type="checkbox"/> Yes (discuss in item 12 below) <input type="checkbox"/> No	
<input type="checkbox"/> (4) To permit use of additional application techniques or equipment.		9. Has an EPA Registration or Experimental Use Permit for this chemical ever been (check applicable box(es), if known):	
<input type="checkbox"/> (5) To permit use at different application rates.		<input type="checkbox"/> Sought <input type="checkbox"/> Issued <input type="checkbox"/> Denied <input type="checkbox"/> Canceled <input type="checkbox"/> Suspended	
<input type="checkbox"/> (6) Other (specify below).		<input type="checkbox"/> Registration <input type="checkbox"/> Experimental Use Permit <input type="checkbox"/> No Previous Permit Action	
10. Has FIFRA section 24(c) registration for this use of the product ever, by another State, been (check appropriate box(es), if known):		11. Endangered Species Act: (Give details in Item 13 or on a separate page, properly identified and attached to this form)	
<input type="checkbox"/> Sought <input type="checkbox"/> Issued <input type="checkbox"/> Denied <input type="checkbox"/> Revoked		Identify the counties where this pesticide will be used. If Statewide, Indicate "all". Provide a list of Federally protected endangered/threatened species which occur in the areas of proposed use.	
If any of the above are checked, list States in item 13 below		12. Indicate use statue of Special Local Need, i.e., planned dates of use:	
<input type="checkbox"/> No FIFRA section 24(c) Action		From: _____ To: _____	
<p align="center">Certification</p> I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		13. Comments (attach additional sheet, if needed)	
Signature of Applicant or Authorized Representative			
Title			
Telephone Number	Date		

Determination by State Agency		
This registration is for a Special Local Need and is being issued in accordance with section 24(c) of FIFRA as amended. To the best of our knowledge, the information above is correct, except as noted in "Comments" below or in attachments.		
Name, Title, and Address of State Agency Official	Comments (by State Agency Only)	Received by EPA
Title		
Telephone Number	Date	