Form Approved. OMB No. 2070-0182 Approval expires 5-31-15.

United States Environmental Protection Agency
Office of Pesticide Programs, Registration Division (7505C)
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	EPA Registration Number
☐ New (not EPA-registered) Attach EPA Form 8570-4, Confidential Statement of Formula, fix now products.	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).

- ☐ a. To permit use of a new product.
- ☐ b. To amend EPA registrations for one or more of the following purposes:
  - ☐ (1) To permit use on additional crops or animals.
  - ☐ (2) To permit use at additional sites.
  - ☐ (3) To permit use against additional pests.
  - ☐ (4) To permit use of additional application techniques or equipment.
  - ☐ (5) To permit use at different application rates.
  - ☐ (6) Other (specify below).

7. Nature of Special Local Need (check one)

- ☐ There is no pesticide product registered by EPA for such use.
- ☐ 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
- ☐ An appropriate EPA-registered pesticide product is not available.

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?

☐ Yes (discuss in item 13 below) ☐ No

9. Has an EPA Registration or Experimental Use Permit for this chemical ever been (check applicable box(es), if known):

☐ Sought ☐ Issued ☐ Denied ☐ Canceled ☐ Suspended

☐ Registration ☐ Experimental Use Permit ☐ 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):

☐ Sought ☐ Issued ☐ Denied ☐ Revoked

If any of the above are checked, list States in item 13 below

☐ No FIFRA section 24(c) Action

11. Endangered Species Act: (Give details in Item 13 or on a separate page, properly identified and attached to this form)

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.

Certification

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.

12. Indicate use statue of Special Local Need, i.e., planned dates of use:

From: _____ To: _____

Signature of Applicant or Authorized Representative

Title

Telephone Number | Date

13. Comments (attach additional sheet, if needed)

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		