



**United States
ENVIRONMENTAL PROTECTION AGENCY
Washington, DC 20460**

OPP Identifier Number

Office of Pesticides Programs (7505C)

**Application for Experimental Use Permit to Ship and
Use a Pesticide for Experimental Purposes Only**

1. Type of Application

- New** **Amendment (See No. 2)**
 Extension (Give Permit Number below)

2. Briefly explain (attach a separate sheet if necessary)

Application for EUP to evaluate Pesticide X on limited number of aquatic weeds under field conditions for both control and selectivity
 (Note: This is an example of a type of explanation for the EUP.)

Permit Number

3. Name and Address of Firm/Person to Whom the Experimental Use Permit is to be Issued (include Zip Code) (Type or Print)

Company A
Main Street
Anywhere, USA 00000

4. Name and Address of Shipper only if shipment is intended or if different from applicant's name and address (include Zip Code) (Type or Print)

Same

EPA Company Number XXXX

5. Name of Product

Pesticide X

6. Is Product Registered with EPA?

- No
 Yes (Give Registration Number or File Symbol below)
 Registration Number XXXXX-XXX
 File Symbol

7. Total Quantity of Product Proposed for Shipment/Use

Pounds of formulated product 0
 Pounds of active ingredient 0

8. Area or Areas to be Treated

#acres per #years

9. Proposed Period of Shipment/Use

start date - end date

10. Places from which Shipped
specify location

11. Crop/Site to be Treated

Aquatic Sites, e.g. retention ponds and lakes (example only)

12. Specify the name and number of the contact person most familiar with this application.

Company Person

13. Signature of Applicant or Authorized Firm Representative

14. Title

15. Date Signed

Certification

This is to certify that food or feed derived from the experimental program will not be used or offered for consumption or sale for consumption, except by laboratory or experimental animals, if illegal residues are present in or on such food or feed.

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.

Below for EPA Use Only

In any correspondence on this application, refer to this number

Received by:
EPA-OPP Registration Division,
Washington, DC 20460

Normal review time indicates that processing of this application should be completed by (date)

Name of EPA Contact Person

Telephone Number