

APPENDIX I

PESTICIDE APPLICATION AND NOTIFICATION REQUIREMENTS FOR TRIALS  
CONDUCTED OFF UNIVERSITY PROPERTY

At least 24 hours prior to commencement of any experimental pesticide trial on property not owned or controlled by UC, submit this completed form to the local county agricultural commissioner and grower.

County: \_\_\_\_\_

Research Supervisor

Grower

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

QAC Certificate Number (of supervisor of application): \_\_\_\_\_

Pesticides to be applied, including product name, chemical name, experimental number, or U.S. EPA registration number, as appropriate: (Attach list if needed)

Location of trial and site identification number: \_\_\_\_\_

Size of trial: \_\_\_\_\_

Commodity to be treated: \_\_\_\_\_

Anticipated dates of first and last applications: \_\_\_\_\_

Intended crop disposition:

\_\_\_\_\_ Harvest - Crop can enter channels of trade.

\_\_\_\_\_ Destroy crop or use for research purposes only.

\_\_\_\_\_ Non-crop use or non-bearing crop – no crop disposition is necessary.

Date of anticipated harvest or destruction of treated commodity: \_\_\_\_\_

Signature of Supervisor of Research Trial:

\_\_\_\_\_ Date: \_\_\_\_\_

Phone (if different than above): \_\_\_\_\_