

Massachusetts Pesticide Board Subcommittee
EUP Application Check List

Please complete the below checklist and submit with Massachusetts Pesticide Board Subcommittee EUP Application Form.

EUP APPLICANT CHECKLIST	
PLEASE COMPLETE THE FOLLOWING	
Product Name:	
EPA Reg No.: (if applicable)	
The following checklist indicates the information required for a complete EUP application:	
<input type="checkbox"/> Name of the product and percent active ingredient	
<input type="checkbox"/> Federal EUP Number and effective date of EPA permit	
<input type="checkbox"/> Quantity authorized by EPA	
<input type="checkbox"/> Purpose or objectives of proposed testing	
<input type="checkbox"/> Target pest, amount of pesticide proposed for use, method and description of application, proposed testing dates and location of pesticide applications.	
<input type="checkbox"/> Plan for disposal of unused pesticides and treated materials	
<input type="checkbox"/> Supervision, program participants and letter from cooperators indicating their participation (see example in Appendix I)	
<input type="checkbox"/> Toxicology information	
<input type="checkbox"/> Environmental fate information	
<input type="checkbox"/> List of participants and list of cooperators with current Massachusetts Category 49 (Research and Demonstration) certification number.	

INTERNAL CONTROL CHECKLIST	
Section for Use by Massachusetts Pesticide Program Staff	
Date of Initial Application:	
Application Fee:Received:	<input type="checkbox"/>
Complete	<input type="checkbox"/>
Incomplete	<input type="checkbox"/>
Approval Date:	