

# THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



## Department of Agricultural Resources

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### Massachusetts Pesticide Board Subcommittee EUP Application Check List

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

<b>EUP APPLICANT CHECKLIST</b> <b>PLEASE COMPLETE THE FOLLOWING</b>	
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.	

Date Revised: 10/25/2010

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