

THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114
617-626-1700 fax: 617-626-1850 www.mass.gov/agr



MASSACHUSETTS SPECIAL LOCAL NEEDS INITIATION FORM

Please fill out the form completely and submit two (2) copies (along with two copies of any attachments) to the attention of the following person:

Taryn Lascola, Director
Division of Crop and Pest Services
Department of Agricultural Resources
251 Causeway Street; Suite 500
Boston, MA 02114-2151.

PART 1: Initiator/Contact Information

Name, Title, & Address:	Telephone: Email:
Date of Application:	
Background/Qualifications:	

PART 1: Product Information

A. Name of Product:
B. Active Ingredient (list percentage in product):
C. Manufacturer/Registrant:
D. Registrant Contact:

PART 2: Site/Pest Information

A. Pest(s) of Concern:	B. Sites(s) of Concern:
C. Approximate acreage and location in Massachusetts:	

PART 3: Past Pesticide Use Information Against the Pest on the Site of Concern

List of pesticides which have been or are presently being used against the pest on the site of concern:		
Pesticide	Approx. Application Rate (lbs. active/A)	Comments on Efficacy

PART 4: Summary

Description of the existence of a true special local need. Please include any information or studies conducted on efficacy of current products and real or potential economic loss if the 24(c) is not approved.

PART 5: Preferred Dates of Treatment

Last preferred date for start of application:

Signature of Initiator