



Arizona Department of Agriculture (ADA)
 Licensing and Registration Section
 1688 West Adams, Phoenix, Arizona 85007
 Phone: (602) 542-3578
 Fax (602) 542-0466

For ADA/ESD Use Only

Co. License # _____
 Check # _____
 Check Date _____
 Check Amount _____

Application for Registration of Pesticides

For the year ending December 31, _____ : One year - \$110 Two years - \$220

Name and Address of Applicant	Name of Company Appearing on labels

Submit a separate application for each company appearing on labels. Application is hereby made for a certificate of registration for the listed pesticides pursuant to A.R.S. 3-351.

\$ _____ is enclosed to cover the fee of \$110 per pesticide brand for each year of the registration period (Please make check payable to Arizona Department of Agriculture/ESD.)

All new agricultural use active ingredients must first meet the data submission requirements of the Arizona Department of Environmental Quality as required by ARS 49-302. If an agricultural use active ingredient is already registered and in use in Arizona, then I must either submit a letter of authorization to use the registrant's data or submit original data. (See attachment)

Enclose one copy of your "field" label and one SDS for each pesticide brand. Indicate the EPA registration number and product brand name on each SDS.

EPA Registration No.	Brand and Name of Product
1	
2	
3	
4	
5	
6	
7	

For toxicological and safety data, contact the listed person(s) and telephone number(s).

I certify the label(s) submitted with this application are current, accurate and have been approved by the US Environmental Protection Agency, as applicable. The information contained in this application is true and accurate to the best of my knowledge. I understand that providing false information is a felony in Arizona.

By (Print or type) _____ Title _____

Federal Tax ID# _____ Signature/date _____

Phone _____ Fax _____ Email _____

RETURN ORIGINAL APPLICATION WITH A COPY OF EACH LABEL BEING REGISTERED TO THE ABOVE ADDRESS

Photocopy this form if more space is needed

For ADA/ESD use only		
Total Labels Registered	Labels Reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reviewers Initials and Date

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
Pesticide Contamination Prevention Program
Data Summary Form**

Company Name: _____ Date: _____

Company Address: _____
Street
City
State
Zip code

Section I of this form must be completed for each product your company intends to register in Arizona for agricultural use. Section II of this form must be completed for each active ingredient (a.i.) in each product. If, more than one product is registered that contains a particular a.i., then Section II may be completed once and a photocopy of that section attached to each Data Summary Form (Section I) prepared for the products containing that a.i.. **DO NOT REGISTER ANY AGRICULTURAL USE PRODUCT PRIOR TO COMPLETION OF THE ACTIVE INGREDIENT DATA SUBMISSION AND APPROVAL!**

SECTION I

A. PRODUCT INFORMATION

1. Product Brand Name: _____
2. EPA Registration No: _____
3. What formulation category is the product (e.g., wettable powder, granular, emulsifiable concentrate, etc.)? _____
4. Intended use(s) (check all applicable categories):

	Terrestrial	Aquatic		Aquatic non-crop uses (products intended for application to ditchbanks and shorelines only)
	Field and vegetable crop uses	Aquatic food crop uses		
	Domestic outdoor, park, ornamental, and turf uses	Aquatic impact uses resulting in direct discharges		Forestry
				Ground applied
	Orchard crop and pastureland uses	Aquatic non-crop uses (including - antifouling paints and other outdoor protective uses)		Combined product
	Rights-of-way, shelter belts, and related uses			Product recommended for tank mix

5. Active Ingredient(s) in Product: _____

Common Chemical Name

PC Code

The Data Call-In review/approval for new pesticide active ingredients under A.R.S. §49-302(F) and A.A.C. R18-6-102(B) of the Pesticide Contamination Prevention Program is subject to the requirements of the licensing time frame statute under A.R.S. §§ 41-1072 through 41-1079 and the licensing time frame rule A.A.C. R18-1-501 through R18-1-525. The Administrative Completeness Review Time Frame is 62 days and the Substantive Review Time frame is 124 days.

SECTION II

A. SUMMARY OF ACTIVE INGREDIENT DATA

- Note: If the units in which the values are reported differ from those printed on this form, then write in the units as they appear in the submitted report.
- Note: EPA guidelines make it optional to perform certain tests at either 20°C or 25°C. In the interest of consistency ADEQ would prefer that solubility, density, bulk density or specific gravity, be determined at 25°C. * Henry's Law and the octanol-water partition coefficient (K_{ow}) must be at 25°C All reports should be submitted regardless of the temperature at which the assays were run, however, it is preferable that the values reported on this form be those determined at 25°C (if available).
- Note: The letter/number in parentheses after a study type refers to Subdivision/Section in EPA's Pesticide Assessment Guidelines.

1. Specify active ingredient for which the following data is being submitted.

a. Technical Name: _____

 b. _____
 Common Chemical Name: _____ CAS No.: _____

2. Molecular Weight(D-61-1) _____

3. Density/Bulk Density (solid) (circle one) _____ g/cm³
 Specific Gravity (liquid) (D-63-7)2. * _____ g/ml

* Specific gravity should be determined with reference to water at 25°C

4. Solubility (D-63-8) (Specify solvent used in 2b-d)

a. Distilled Water _____ g/100 ml @ _____ °C
 b. Polar Solvent - _____ g/100 ml @ _____ °C
 c. Non-Polar Solvent - _____ g/100 ml @ _____ °C
 d. Other Solvent - _____ g/100 ml @ _____ °C

5. Vapor Pressure (D-63-9) _____ mm Hg @ 25°C

6. Octanol-Water Partition Coefficient (Kow) (D-63-1) _____ @ 25°C

7. Henry's Law Constant (Liquid-vapor partition) _____ atm m³g-mol⁻¹ @ 25°C

8. Photolysis Half-life t_{1/2} (days) Rate Constant Reaction Order

a. In water (N-161-2) @ 25 ± 1°C _____
 b. In air (N-161-4) @ 30 ± 1°C _____
 c. On soil (N-161-3) _____
 Soil characteristics: (1) _____ % organic matter; (2) _____ % sand; (3) _____ % clay; (4) _____ % silt;
 (5) _____ % moisture; (6) bulk density - _____ g/cm³; (7) _____ pH

d. Photo product(s) identified in \$ 10% yield +: _____

9. Hydrolysis (N-161-1) Half-life t_{1/2} (days) Rate Constant Reaction Order

pH 5 @ 25°C _____
 pH 7 @ 25°C _____
 pH 9 @ 25°C _____

Hydrolysis product(s) identified in \$10% yield +: _____

10. Metabolism

a. Soil-aerobic (N-162-1)
 1. Number of studies being submitted: _____
 2. List residues of the a.i. and its metabolites occurring in concentrations \$ 10 ppb (dry weight) +: _____

 3. Half-life (t_{1/2}) (reported in days): _____
 4. Soil characteristics: (1) _____ % organic matter; (2) _____ % sand; (3) _____ % clay; (4) _____ % silt;
 (5) _____ % moisture; (6) bulk density - _____ g/cm³; (7) _____ pH

b. Soil-anaerobic (N-162-2)

1. Number of studies being submitted: _____

2. List residues of the a.i. and its metabolites occurring in concentrations \$ 10 ppb (dry weight) +: _____

3. Half-life ($t_{1/2}$) (reported in days): _____

+ Provide CAS number where available for degradation products

11. Soil Adsorption Coefficient (soil/water relationship) Kd (N-163-1)

Fill in the Kd value for the parent compound and major metabolites and the soil characteristic(s) values for each soil in which the Kd was determined.

Koc *	Kd *	CMPD (CAS #) +	Method Used	Soil Characteristics								
				% Organic Matter	% Sand	% Clay	% Silt	% Moisture	Bulk density (g/cm ³)	pH	Cation exchange Capacity	
* Indicate if the reported Koc or Kd is for parent compound or metabolite (specify which metabolite). + Provide CAS numbers where available.												

B. SUMMARY OF FIELD DISSIPATION STUDIES ---- For each study performed provide the following information:

For Official Use Only Record Number	TYPE OF FIELD DISSIPATION STUDY (e.g., terrestrial use, aquatic use, etc.)	DATE OF STUDY	DATE OF REPORT	TEST SUBSTANCE (i.e., which typical end-use product)	MANUFACTURER OF TEST SUBSTANCE	HALF LIFE OF TEST SUBSTANCE IN VARIOUS MEDIA	
						$t_{1/2}$ (days)	Medium

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name and Title of Authorized Representative

Phone Number

Send Data Summary Form and complete studies to:

**Arizona Department of Environmental Quality
Hydrologic Support and Assessment Section
Groundwater Monitoring Unit
1110 West Washington
Phoenix, Arizona 85007**