**ARIZONA DEPARTMENT OF AGRICULTURE**

**Pesticide Contamination Prevention Program**

**New Agricultural Use Pesticide Evaluation Form**

Company Name: Date:

Company Address:

Street City State Zip Code

Pursuant to A.A.C. R18-6-102, before registering a new agricultural use pesticide with the Arizona Department of Agriculture (ADA) under A.R.S. §3-351, an applicant shall submit information that enables the Arizona Department of Environmental Quality (ADEQ) to determine whether the new agricultural use pesticide has the potential to pollute groundwater in the state.

***Provide the following information to Arizona Department of Agriculture***

1. Product Information (if more than one product, attach a list)
	1. Brand (Product) Name
	2. EPA Registration Number
	3. Formulation Category (e.g., granular, emulsified concentrate, etc.)
	4. Pesticide Type (e.g., fungicide, herbicide, etc.)
	5. Product Label? Yes No
	6. Pesticide Use: Agricultural Turf/Sod Farms Non-Agricultural
2. List the active ingredient(s)
3. List the Chemical Abstract Service (CAS) number(s)
4. Has the active ingredient(s) identified in Question #2 been previously evaluated by ADEQ in the registration of another pesticide? Yes No
	1. If no, the active ingredient(s) must be registered with ADEQ. Please fill out and submit a Data Summary Form with all necessary information or information on why this requirement should not apply. **Do not submit** the request to register your pesticide until after ADEQ has approved the active ingredient(s).
5. Who is the source of your active ingredient(s)? (e.g., from where was it obtained?)
6. If your company is not the original registrant of the active ingredients, did you submit a Letter of Authorization (LOA) from the original registrant? Yes No

If no, **do not submit** the request to register your pesticide until after you obtain a LOA from the original registrant. The following is a link to approved A.I.s by ADEQ <http://agriculture.az.gov/sites/default/files/adeqapprovedpesticidesseptember2013.xlsx>

Name of Company Representative:

Signature: Title:

Address:

Phone Number: Email Address: