



APPLICATION FOR USE OF EXPERIMENTAL PESTICIDES ON AQUATIC SITES

BEFORE YOU COMPLETE THIS APPLICATION, PLEASE REFER TO THE ATTACHED INSTRUCTIONS (*Attach Supporting Information)

APPLICANT NAME:	TELEPHONE ()	FAX NUMBER ()
MAILING ADDRESS:	CITY, STATE, ZIP CODE:	E-MAIL ADDRESS:

PESTICIDE TRADENAME:	ACTIVE INGREDIENT(S) & PERCENTAGE:	EPA REG. NO.:	FEDERAL EUP NO.:
MANUFACTURER / REGISTRANT:	USE PRECAUTIONS / RESTRICTIONS:		
TOLERANCE (I.E. FISH / SHELLFISH): _____ (PPM) TOLERANCE EXEMPT (CHECK IF APPLICABLE): <input type="checkbox"/>	VAPOR PRESSURE:	KOC:	
CHEMICAL STRUCTURE:	WATER SOLUBILITY:	DEGRADATION DATA (E.G. AQUATIC METABOLISM HALF-LIFE IN DAYS IF AVAILABLE):	

ACUTE TOXICOLOGICAL DATA

ORAL LD ₅₀ (mg/kg) ¹ : SPECIES:	DERMAL LD ₅₀ (mg/kg) ¹ : SPECIES:	INHALATION LC ₅₀ (mg/l) ¹ : SPECIES:
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ENVIRONMENTAL TOXICITY INFORMATION DATA FOR MOST SENSITIVE SPECIES

FISH LC ₅₀ (mg/l) ² : SPECIES: REFERENCE:	FISH NOEC (mg/l) ² : SPECIES: REFERENCE:	INVERTEBRATE (mg/l) ³ : SPECIES: REFERENCE:	AQUATIC PLANT EC _x (mg/l) ⁴ : SPECIES: REFERENCE:
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SEAWATER CHALLENGE TEST COMPLETED: YES NO IF YES, PLEASE ATTACH RESULTS.

CROP / SITE:	TARGET PEST(S):	TYPE OF DATA SOUGHT (RESIDUE, EFFICACY, ETC.):
RATE OF APPLICATION (ACTIVE INGREDIENT/ACRE):	SIZE OF TREATMENT AREA:	METHOD OF APPLICATION: <input type="checkbox"/> GROUND <input type="checkbox"/> AIR <input type="checkbox"/> OTHER _____
BEGINNING TREATMENT DATE: _____ SUBSEQUENT TREATMENT DATE(S): _____	ENDING DATE OF EXPERIMENT:	RESTRICTED ENTRY INTERVAL: PRE-HARVEST INTERVAL (I.E. FISH/SHELLFISH):

PROPERTY OWNER'S NAME, ADDRESS AND TELEPHONE NUMBER (INCLUDING AREA CODE):

NAME OF APPLICATOR OR OPERATOR AND TELEPHONE NUMBER (INCLUDING AREA CODE):

LOCATION AND DESCRIPTION OF TRIAL (INCLUDE COUNTY, SECTION, RANGE & TOWNSHIP - *USE ATTACHED SHEET IF NECESSARY):

ADDITIONAL DATA FOR SITES WITH FISH: (For endangered species information call (360) 902-1936):

ENDANGERED SPECIES PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICATION DURING SALMON OUTMIGRATION PERIOD <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS:
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SIGNATURE:	DATE:	OFFICIAL USE ONLY WSEUP NO. _____ EXPIRATION DATE _____
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¹ Value (mg/kg or mg/l) or category, species (e.g. rat or rabbit) and time period (e.g. 24-hr)
² Value (mg/l), species and time period (e.g. 96-hr). Rainbow trout (*Oncorhynchus mykiss*), coho salmon (*Oncorhynchus kisutch*), or bluegill sunfish are preferred.
³ Value (mg/l), species and time period (e.g. 48-hr LC50). *Daphnia magna* or *Daphnia pulex* are preferred.
⁴ EC_x = Experimentally derived chemical concentration that is calculated to effect X percent of the test criterion.

APPLICATION GUIDE FOR USE OF EXPERIMENTAL PESTICIDES ON AQUATIC SITES

The Washington State Department of Agriculture (WSDA) designed this guide to assist you in acquiring the **Washington State Experimental Use Permit (WSEUP)**. This permit, which is issued by WSDA, is required for all experimental projects involving the application of pesticides that are not registered in aquatic environments, and for all experiments involving uses not allowed by the pesticide label. All aquatic pesticides are classified as "restricted-use" in Washington State and therefore require a WSDA license and aquatic endorsement for application.

WSDA REQUIREMENTS FOR USE OF EXPERIMENTAL USE ON AQUATIC SITES

- WSDA requires submission of a signed permit application (AGR 630-4128).
- One (1) copy of the Material Safety Data Sheet and pesticide label or label of the product you are using.
- One (1) copy of the Confidential Statement of Formula is also required for WSEUP's involving the application of an unregistered pesticide to a food or feed crop/site.
- WSDA requires submission of a WSEUP application, EPA approved letter and label when a federal EUP is required (e.g. proposed experimental application to be made to one or more acres of land).

APPLICATION COMPONENTS / PROCESS

Complete the one page application and attach any needed supporting documentation. Submit the completed application to the WSDA at least 30 days prior to proposed beginning treatment date. Your permit application will be reviewed once all the information has been provided. Including all elements listed below with your permit application will help expedite the permitting process. Some applications may require additional information.

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|-------------------------|---|
| √ Pesticide information | √ Experiment location, map, & protocol |
| √ Human toxicity data | √ Success measurements |
| √ Aquatic toxicity data | √ Mitigation measures |
| √ Label and MSDS | √ Federal EUP information (If applicable) |

NPDES PERMIT COVERAGE REQUIRED FROM WASHINGTON STATE DEPARTMENT OF ECOLOGY

Coverage under a National Pollutant Discharge Elimination System (NPDES) permit may be required whenever an experimental pesticide is going to be applied to an aquatic environment. Coverage can be applied for under existing NPDES permits or under a new individual NPDES permit. Some NPDES permits include coverage for aquatic EUP's issued by WSDA.

For more information call Ecology's Permit assistance center at **(360) 407-7037** or **(800) 917-0043**, or [E-mail \(ecypac@ecy.wa.gov\)](mailto:ecypac@ecy.wa.gov).

LICENSING REQUIREMENTS

Uses of experimental pesticides are not exempt from other state/federal laws. Except as provided in RCW 17.21.203, a Demonstration and Research license is required to use or supervise the use of any experimental or restricted use pesticide when applied on small plots for research purposes.

WSDA CONTACT INFORMATION

If you have questions, please call the designated agency contact below.

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