## Document Title



## NOTICE OF INTENT TO CONDUCT EXPERIMENT

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Date	09.14.20
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## Reminder: Please fill out this form completely and legibly.

PLEASE ATTACH ALL REQUIRED DATA AS SPECIFIED IN OUR REGULATORY POLICIES AND GUIDELINES (GREEN BOOK). Date Received 1. NAME AND ADDRESS OF APPLICANT Date Processed Amount Paid 2. PRODUCT NAME/CODE NUMBER OR Number OR Date EUP Code (To be filled out by PRD.) 3. MANUFACTURER OF ACTIVE INGREDIENT 4. BRIEF DESCRIPTION OF PHYSICAL AND CHEMICAL PROPERTIES 5. TOXICOLOGICAL INFORMATION (Attach the requirements.) 6. RESIDUES AND METABOLITES (If available.) 7. MAXIMUM AREA COVERED BY TEST 8. MAXIMUM AMOUNT OF TEST CHEMICAL 9. CROP(S) 10. TARGET PEST(S) 12. DURATION 11. LOCATION 13. PROPOSED TREATMENTS AND METHOD OF APPLICATION 14. SIGNS OF POISONING; FIRST AID MEASURES; MEDICAL TREATMENT 15. DISPOSAL OF UNUSED CHEMICALS, CONTAINERS AND HARVEST 16. NAME OF RESEARCHER(S) AND ADDRESS OF INSTITUTION 17. NAME OF COMPANY REPRESENTATIVE, ADDRESS, SIGNATURE AND DATE 18. APPLICANT'S EMAIL ADDRESS 19. PRIVACY NOTICE AND CONSENT TO USE DATA We respect your privacy and keep your personal information confidential unless we are lawfully required or allowed to disclose it or that you give your written consent to such disclosure. 20. CONSENT TO PROCESS AND SHARE DATA In compliance with the Data Privacy Act, I hereby give my consent to the Fertilizer and Pesticide Authority to share my contact details to the public for whatever legal purpose it may serve. Signature over Printed Name of the Contact Person REPUBLIC OF THE PHILIPPINES **PROVINCE OF** MUNICIPALITY OF \_ SUBSCRIBED AND SWORN TO before me this day of \_\_\_\_\_\_ year \_\_\_ \_, Phillippines, affiant exhibited to me his/her Residence Certificate No.\_ issued on \_ year\_\_\_\_, at \_ Phillippines. NOTARY PUBLIC Until PTR No.