GOVERNMENT OF BERMUDA

Ministry of Health, Seniors & Environment

Department of Environment and Natural Resources

APPLICATION TO IMPORT PESTICIDES

(In accordance with the Agriculture Act 1930, Amendments Act 1971)

Please complete ALL fields. Incomplete forms will not be processed.

Address: Contact : 2. Pesticide Trade Name _		Phone:	- - -
4. Active Ingredients (as	s they appear on the label)	Percentage (%)	
5. EPA Registration No. (as it appears on the label):			
6. Proposed Use of Pesticide (Please circle those which apply): (a) Retail / Home Use (b) Golf Course (c) Farm (d) Structural Pest Control (Professional) (e) Commercial Plant Nursery (f) Other (please specify):			
7. Type of Pesticide (Please circle those which apply): Insecticide Fungicide Herbicide Bactericide Algaecide Nematicide Molluscicide Rodenticide Other:			
8. Pesticide Formulation (Please circle one of the following): (a) Solid (please specify): powder / granules / block / gel / other: (b) Liquid (c) Aerosol (d) Gas (e) Other:			
A copy of the <u>LABEL</u> and the <u>MATERIAL SAFETY DATA SHEET</u> for this product MUST be provided with this application. A website address with this information may be provided in lieu of this. PRODUCT LABEL – http:// MSDS – http://			
Signature:		Date:	