Form 1 Regulations 3

To: The Registrar, Pesticides Control Board Central Farm, Cayo, Belize, Central America

Application to Register a Pesticide

Name of Applicant: [Manufacturer]

Address: [Manufacturer's Address]

Name of Company representative: [PERSON representing the manufacturer]

Email Address: [Email address of company representative]

Name of Local representative: [PERSON representing the manufacturer; attach letter of

appointment as local representative, unless submitted previously]

Address: [Address of local representative]

Telephone Number: [Telephone number of local representative]

Common Name of product: [Active Ingredient of Product]

Trade Name of product: [Brand Name]

Formulation: [Formulation type eg. Suspension Concentrate, Wettable Powder] Chemical composition (composition active ingredient(s) and synergist(s) by weight: [identity and concentration of active ingredients and synergists contained in the

formulated product expressed in w/w or w/v

LD₅₀: [acute oral and dermal toxicity expressed in median lethal dose]

GHS Classification: [Globally Harmonized System hazard classification]

Intended use: [proposed pest control uses as described in the label/pamphlet of the formulated product]

Usage Table:

Crop	Pest	Dosage

Action: [pesticide mode of action]

Chemical Family: [of Active Ingredient]

(Other chemical, toxicological and environmental data as required by regulation (5) must be supplied according to Schedule I of the regulations.)

Details of registration in:

- (a) country of manufacture: [origin]
- (b) other countries: [if there is more than one origin]

Has Registration ever been refused elsewhere? If so, give details:

Fee(s) included:	
· ·	\$100.00 BZD
(Household Products)	
,	\$300.00 BZD
(Agricultural Products)	
[(non-refundable); paid when dossier is subr	nitted]
	\$100.00 BZD
(Household Products)	
*Registration	\$700.00 BZD
(Agricultural Products)	
[paid after registration approval by Board]	
	\$100.00 BZD
(Household Products)	
*Re-registration	\$700.00 BZD
(Agricultural Products)	
[paid upon submission of renewal doc	cuments]
*Delete as appropriate	
D. C. A. and Control	
Date of Application:	[Local Rep signs on behalf of applicant]
	Signature of Applicant
For Officia	I Has Only
For Officia	
PCB #:	Other remarks
Reg. Status:	
Fee(s) Paid:	
Application complete:	