

FOR OFFICE USE ONLY

Date: _____

Cat: _____ PR#: _____

**IR-4 Minor Use Biopesticide (*Required Fields)
Project Clearance Request (PCR) Form**

1. ***Requestor:** _____ Affiliation: _____
***Address:** _____
***City:** _____ ***State/Territory:** _____ ***Zip:** _____
***Telephone:** (_____) **FAX:** (_____)
***E-mail address:** _____
2. ***Pest Control Product (Active Ingredient {a.i.}):** _____
***Trade Name/Formulation:** _____
Registrant (manufacturer): _____
Method of Production (Fermentation, in vivo, extraction from plants): _____
3. ***Commodity (one crop or crop group per form):** _____
***Use Site (e.g., field, greenhouse, post-harvest):** _____
Parts Consumed: _____ **Animal Feed By-Products: Yes ___ No ___**
Planting Season: _____ **Harvest Season:** _____
State/Territory Acreage: _____ **% National:** _____ **Average Field Size:** _____
4. **Insect/Disease/Weed:** _____
Damage caused by pest: _____
5. ***Why is this use needed?:** _____
6. ***Proposed Label Instructions**
***Rate per Application (lbs a.i. per acre or 1000 linear ft):** _____
Type of sprayers that may be used (e.g., fixed wing, ground boom sprayer, chemigation, air blast, ULV, granular spreader): _____
Range of Spray Volume (if applicable): _____
Maximum Acreage Treated per Day: _____
***Crop Stage during Application(s):** _____
***Maximum no. of applications:** _____ **Minimum interval betw. applications:** _____
Maximum lbs active ingredient per acre per year/season: _____ ***PHI:** _____
7. ***Availability of Supporting Data:** ***Phytotoxicity(P)** ___ ***Efficacy(E)** ___ ***Yield(Y)** ___
8. ***Submitted By (print name):** _____
***Signature:** _____ ***Date:** _____

Send this completed form to:

IR-4 Project Headquarters, 500 College Road East; Suite 201 W; Princeton, NJ 08540-6635;
Telephone (732)932-9575 ext 4610 (Michael Braverman) FAX (609) 514-2612
or e-mail: braverman@aesop.rutgers.edu