



THE PEST CONTROL PRODUCTS (MISCELLANEOUS FORMS)

SUBMISSION OF SAMPLE (S) FOR EFFICACY TESTING

This form should be filled in duplicate: Part I and II to be filled by the Applicant. The completed form **MUST** be accompanied with a copy of:

- i. the trial permit**
- ii. the Material Safety Data Sheet (MSDS).**

The trial sample **MUST** be labeled in accordance with the Pest Control Products Board guidelines for experimental labeling.

I) Product Details

Trade name

Formulation type.....

Active ingredient (s)

Concentration of active ingredient(s)

Quantity of sample (Liters or grams)

Expiry date.....

Number of packages.....

REF: (Permit No. and date).....

Recommended storage conditions of temperature.....

Name of Applicant (Local agent).....

II) Submission details

Submitted to PCPB by:

Name.....Signature.....Date.....

III) Delivery details

Received on behalf of PCPB by:

Name.....Signature.....Date.....

(Tick Appropriately)

- 1. Is the application form attached with a copy of the trial permit? YES NO
- 2. Is the form attached with a copy of the Material Safety Data Sheet? YES NO
- 3. Does the label conform to the PCPB guidelines for experimental labeling? YES NO

Institution(s) of destination.....

Means of delivery.....

A. PCPB personnel

Name of Person delivering.....

Date of delivery.....

Signature.....

B. Courier Service

Name of company.....

Contact person.....

Charges (Attach receipt).....

Date of delivery.....

Official stamp.....

C. Receiving Institution

Name of Receiving Institution

Date of receipt.....

Person receiving.....

Signature.....

Official Stamp.....