

DEPARTMENT OF PESTICIDE REGULATION

James W. Wells, Director

1020 N Street, Room 332
Sacramento, California 95814

California Notice 94-4



March 17, 1994

APPLICATIONS FOR REGISTRATION OF NEW ECONOMIC POISONS
CHRONIC HEALTH EFFECTS DATA REQUIREMENTS

The Birth Defect Prevention Act (Food and Agricultural Code, Division 7, Chapter 2, Article 14, Section 13121, et, seq.) requires the Department to obtain health effects data on pesticide active ingredients in the areas of chronic toxicity, oncogenicity, reproductive effects, teratogenicity, mutagenicity, and neurotoxicity. This information is required on all pesticide active ingredients registered in California except spray adjuvants. **Anyone applying to register a new pesticide product in California must inform the Department of how they are in compliance with these data requirements.**

Registrants should receive notice of the compliance information required with their 1994 Certificate of Registration. We appreciate the cooperation of those applicants who have been submitting this information with their applications for registration. To ensure that review of your application is not delayed, a completed copy of the compliance verification sheet (enclosed for your convenience) or equivalent information, must be provided for each active ingredient on the application for registration of a new product that you submit. Formulators will be in compliance with the Act if their supplier(s) is/are in compliance. Formulators should contact their supplier(s) to check on their compliance with the data requirements.

If the completed sheet or equivalent information is not submitted with an application, the application is not complete and will be returned. Due to our substantial workload, the Department must use its resources to process only applications which are complete including information showing the applicant is in compliance with the health effects data requirements.

If you have any questions regarding the registration requirements for your product, contact your registration specialist.

Sincerely,

Barry Cortez, Chief
Pesticide Registration Branch

Enclosure

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY
 DEPARTMENT OF PESTICIDE REGULATION
 PESTICIDE REGISTRATION BRANCH

Submit With Applications For Registration

COMPLIANCE VERIFICATION

THE BIRTH DEFECT PREVENTION ACT (Food and Agricultural Code, Division 7, Chapter 2, Article 14, Section 13121, et. seq.) The Act requires the Department to obtain health effects data on pesticide active ingredients in the areas of chronic toxicity, oncogenicity, reproductive effects, teratogenicity, mutagenicity, and neurotoxicity. Applicants for pesticide registration may use this form to provide information on how they are in compliance with the Act. You must submit this information with each application for registration of a pesticide product. The information is not required for spray adjuvant products.

State the complete name of the active ingredient in your product. If there is more than one, complete a form for each active ingredient.

Active Ingredient: _____

Applicant's Name: _____

Product Name: _____ EPA Reg. No. _____

Check one of the following:

	1. I responded to the mandatory health effects data call-in notice by submitting and/or committing to generate the required data.
	2. I have entered into an agreement with one or more registrants or suppliers to share the responsibility of generating and submitting data. A copy of the agreement is enclosed.
	3. Enclosed is a letter from the data generator authorizing use of their data to support my application for registration.
	4. I have been unsuccessful in entering into any agreement with the data generator to share the cost of generating data or compensate for the use of data. Enclosed is a copy of the offer I made and evidence of receipt of the offer.
	5. Formulator Only: I claim an exemption from the mandatory health effects data requirements because I purchase the active ingredient used to formulate my end product(s): <input type="checkbox"/> Directly from the data generator. <input type="checkbox"/> Indirectly through my supplier who purchases directly from the data generator, or <input type="checkbox"/> From _____ who in accordance with Title 3, California Code of Regulations, Section 6194, has a joint data development agreement with or who has made an offer to compensate the data generator.
	Brand Name of Product Purchased to Formulate My Product EPA Reg. No. _____ Name of Data Generator _____

FOR DPR USE ONLY

Date _____ Signature of Authorized Representative _____

Telephone Number & Area Code _____ Name Typed or Printed _____
 Mailing Address: _____