

GRAINS MINOR USE PROJECT REQUEST FORM

The information requested on this form is needed to enable the ACA project team to determine likely APVMA data requirements and costs. Email to:

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APPLICANT INFORMATION:

DATE:	
NAME:	
ORGANISATION:	
POSITION:	

ADDRESS:

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TEL:	FAX:	EMAIL:

ACA Grains Minor Use Request Form

Crop	Target pest, weed or disease	Area affected (ha)	Describe need (E.g., type of damage)	Potential cost of problem	Rate importance

Additional comments: _____

Product (Trade name)	Timing of use:	Likely no of applications:	Proposed use rate:	Is the crop exported?

Additional comments: _____

Proposed first use.	What products are currently registered?	What is wrong with alternatives?	Has the manufacturer been approached?