USEPA FIFRA Section 18 Re-certification

The New York State Department of Environmental Conservation, as State Lead Agency (SLA), requests a Specific Emergency Exemption under the provisions of Section 18 of the Federal Insecticide, Fungicide and Rodenticide Act, as amended and 40 CFR 166.20(b)(5), for use of:

Active Ingredient:_________________________ Product Name:
EPA Reg. No.:_________________________ Previous Application Date:
Use Sites:_________________________ Previous File No.:
To Control:_________________________ This is the ___ continuous year of request

Must be checked:
☐ The emergency condition(s) described in the previously submitted emergency exemption application continues to exist.

Select one:
☐ All information submitted in the previously submitted emergency exemption application is still accurate.
☐ Except as expressly identified in the attached document, all information submitted in the previously submitted emergency exemption application is still accurate.

Select one:
☐ The proposed conditions of use are identical to the conditions of use EPA approved previously.
☐ The proposed conditions of use are identical to the conditions of use EPA approved previously except as expressly identified below:
   A.
   B.
   C.

Select one:
☐ There were no additional conditions or limitations on the eligibility for re-certification identified in the previous notice of approval.
☐ Any conditions or limitations on the eligibility for re-certification identified in the previous notice of approval of the exemption have been satisfied (see attached).

Select one:
☐ The applicant has not newly become aware of any alternative chemical or non-chemical practice that may offer a meaningful level of pest control.
☐ If any such new alternative controls are available, documentation is provided that demonstrates that each such known chemical or practice does not provide adequate control or is not economically or environmentally feasible (see attached).

Select one:
☐ A final or interim report was submitted ________________.
☐ A final or interim report is attached.

_________________________  __________________________
Name (print)                  Signature