­­­­PRESUBMISSION CONSULTATION REQUEST FORM

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| **Applicant** (company, name of contact and address) |
|  |
| **Participants** (list of individuals that regulator is encouraged to communicate with *include titles and affiliations*) |
|  |
| **Product Information** |
| Product Name: |  |
| Active Ingredient(s): |  |
| Registration Number, if an amendment: |  |
| Proposed Use-Site Category: |  |
| Product Type: |  |
| Purpose and Goals of Consultation: |  |
| **Area of Expertise Requested: select (x) and/or list specific questions or issues** |
| Administrative process, data requirements, submission format, formulants |
|  |  |
| Efficacy, Sustainability, Value |
|  |  |
| Environmental Fate and Ecotoxicology |
|  |  |
| Food Residue, Metabolism |
|  |  |
| Occupational Exposure |
|  |  |
| Toxicology |
|  |  |
| Chemistry/Biology/Compliance |
|  |  |
| Other (e.g. Re-evaluation) |
|  |  |
|  | Yes | No |
| Is this being proposed as a reduced risk product (e.g. microbial, semiochemical, invertebrate biological control product or other biopesticide)? |  |  |
| Is this being proposed as a low risk biochemical or other non conventional biopesticide? |  |  |
| Is a JointReview or Work-Share Review (with the EPA, EU or other OECD country) being proposed? |  |  |