

Collective Experimental Use Permit Report



Pesticides Program
503.986.4635

Reporting year _____	Collective EUP Number _____
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Were all experimental trials under this permit kept to one acre or less per active ingredient? Yes No

Were all experimental trials under this permit applied to agricultural or forestry land? Yes No

List crop(s) experimental on which pesticide trials were conducted:

Crop	Active ingredient

List crop(s) that were required to be destroyed, date and method of destruction:

Crop	Date destroyed	How was crop destroyed and documented?

Are records of pesticide application made under this permit being maintained for 3 years? Yes No

Was grazing or use restriction information provided to producer if applicable? Yes No

Were all applicable use directions and restrictions on the EPA approved label, state or federal experimental use pesticide label and/or trial protocol followed? Yes No

Provide a brief summary of your trial(s). Include information on any adverse effects identified:

Collective EUP permittee:

Signature	Print name	Date
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Return this completed report no later than Jan. 30 to:
Grant Jackson, Oregon Department of Agriculture, 635 Capitol St. NE, Salem, OR 97301 or email grant.jackson@oda.oregon.gov