



**Oregon**  
Department  
of Agriculture

## Collective Experimental Use Permit Application

Oregon Department of Agriculture  
Pesticides Division  
635 Capitol Street NE  
Salem OR 97301  
Telephone: (503) 986-4635  
Fax: (503) 986-4735

<b>Name of Applicant (Please Print)</b>		<b>Telephone Numbers:</b>	
<b>Name of Company:</b>		Cell: _____	Other: _____
<b>Mailing Address:</b>		<b>E-Mail Address:</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	

- ❖ A Collective Experimental Use Permit authorizes pesticide use for experimental or research purposes under the following conditions:
  - a. The Applicant may conduct experimental pesticide trials on one or more sites in any location in Oregon provided that the total area of all sites used for a particular pesticide active ingredient does not exceed one acre.
  - b. Experimental use of pesticides is limited to forest and agriculture sites only.
  - c. Any adverse environmental effects must be immediately reported to the department.
  - d. Specific records must be kept of pesticide applications (ORS 634.146).
  - e. Any food or feed item treated with experimental pesticides must be rendered unusable for human or animal food/feed. Documentation of food or feed item destruction or other measures taken to prevent the food or feed item from being used or consumed must be maintained.
  - f. A summary report of the experimental pesticide use conducted under this permit must be provided to the Department no later than 30 days after the expiration of the permit.
- ❖ A Site-Specific Experimental Use Permit must be obtained for trials larger than one acre in size or any trial involving sites other than agriculture or forest sites (aquatic, residential, non-crop, etc.)
- ❖ A Collective Experimental Use Permit will be issued for one calendar year, ending on December 31<sup>st</sup>.
- ❖ **Follow all applicable use directions and restrictions on the EPA approved pesticide label, state or federal experimental use pesticide label, or trial protocol.**

I agree to comply with all conditions of this EUP as required by OAR 603-057-0160:

Applicant Signature	Consultant or Applicator License Number	Date
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DEPARTMENT USE ONLY - Specific Conditions Pertaining to this EUP
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ODA Representative	Collective EUP Number	Approval Date	Expiration Date
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