



Colorado Pesticide Clearance Request Form

If you would like to initiate a Colorado Pesticide Clearance Request, you will need to provide the requested information and submit it, along with any supporting data, to The Minor Crop Pest Management Program in one of the following ways:

Via fax - Print this form and fax to 970.491.3888

Via email - Email the following information to Sandra McDonald or Clark Oman

Via U.S. mail - Print this form and mail to:

The Minor Crop Pest Management Program
Colorado State University
Campus Delivery 1177
Fort Collins, CO 80523-1177

Requester

Name: _____

Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Pesticide

Common Name: _____

Manufacturer: _____

Commodity / Crop: _____

Use Site: _____

Parts Consumed: _____

Animal Feed By-Products: _____

Planting Season: _____ Harvest Season: _____

Local Acreage: _____ % of National Acreage: _____

Target Pests / Potential Effects: _____

Why is this needed? _____

Proposed Labeling

Dosage Rates: _____

Application Parameters: _____

Directions of Use: _____

Limitations: _____

Special Safety Precautions: _____

Supporting Data (Please submit with this form)

Phytotoxicity (P): Yes No

Efficacy (E): Yes No

Yield (Y): Yes No