



# STATE OF IDAHO

## DEPARTMENT OF AGRICULTURE

### DIVISION OF AGRICULTURAL RESOURCES

C.L. "BUTCH" OTTER  
Governor  
CELIA R. GOULD  
Director

The following information is the Idaho State Department of Agriculture's policy on Special Local Need (SLN) or Section 24(c) registrations.

There are four items we require with an SLN submission to our Department. These four items are:

- 1) A completed EPA application for an SLN registration;
- 2) A proposed label;
- 3) A letter explaining the request and the need for the proposed use in Idaho; and
- 4) A copy of the data package supporting the proposed use.

The data package should contain the following information:

- a) Data showing the efficacy of the proposed use;
- b) Data showing what phytotoxic effects, if any, will occur to the crop site proposed;
- c) Pesticide residue data for the proposed food/feed crop. This data should support the current tolerance for that food/feed use; and
- d) Data showing what affects this proposed use would have on the environment. This may include a description of the use site, counties, etc. Also, what aquatic and riparian areas, wildlife habitats, and endangered/threatened species will be affected, if any. If any adverse affects could possibly occur, a plan to mitigate risks must also be included in the package.

The Department prefers that all data submitted with the application be prepared under Good Laboratory Practice Standards (GLPS). We require the data to be collected in the same geographic area as the proposed use under the SLN registration. Climatic conditions, geographic conditions and growing conditions are important factors in the results of the data used for SLN consideration.

The Department does a complete review of the SLN data package before making a registration decision. This review consists of: toxicology, worker safety, efficacy, phytotoxicity, residue analysis, environmental risks, ground water and endangered species. Please note that it takes 30-60 days for SLN requests to be completely reviewed by the Department.

We appreciate industry input and participation in the preparation and review of these SLN registrations.

There are no additional fees for an SLN registration or review, but we do require that the parent product(s) be registered in Idaho prior to approval of the SLN. The fee for registering a product in Idaho is \$160 per calendar year. Pesticide Registration

information may be requested from the phone numbers listed below. You can also download these forms off of our Homepage on the Internet, located at <http://www.agri.idaho.gov/>. Find the Quick Link to Pesticides and Chemigation and click on it. Click on the link to Product Registration and double click on Pesticide Product Registration Application link.

SLN requests should be sent to:

Ben Miller  
Idaho State Department of Agriculture  
P O Box 7723  
Boise, ID 83707

If you have questions about the SLN process, please call (208) 332-8593, or e-mail at [ben.miller@agri.idaho.gov](mailto:ben.miller@agri.idaho.gov).

Pesticide Product Registrations should be sent to:

Pam Dupree  
Idaho State Department of Agriculture  
P.O. Box 7723  
Boise, ID 83707

If you have questions about annual product registration, please call (208) 332-8610, or e-mail at [pam.dupree@agri.idaho.gov](mailto:pam.dupree@agri.idaho.gov).



United States Environmental Protection Agency  
Office of Pesticide Programs  
Registration Division (TS-767)  
Washington, DC 20460

**Application for/Notification of State Registration  
of a Pesticide To Meet a Special Local Need**  
(Pursuant to Section 24(C) of the Federal Insecticide,  
Fungicide, and Rodenticide Act, as Amended)

**For State Use Only**  
Registration No. Assigned  
  
Date Registration Issued

1. Name and Address of Applicant for Registration	2. Product Is (Check one)	
	EPA-Registered <input type="checkbox"/>	EPA Registration Number
	New (not EPA-registered) <input type="checkbox"/> Attach EPA Form 8570-4, Certified Statement of Formula, for new products.	EPA Company Number
3. Active Ingredient(s) in Product		

4. Product Name	5. If this is a food/feed use, a tolerance or other residue clearance is required. Cite appropriate regulations in 40 CFR Part 180, 21 CFR Part 193, and/or 21 CFR Part 561.
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6. Type of Registration (Give details in Item 12 or on a separate page, properly identified and attached to this form):  a. To permit use of a new product.  b. To amend EPA registrations for one or more of the following purposes:  (1) To permit use on additional crops or animals. (2) To permit use at additional sites. (3) To permit use against additional pests. (4) To permit use of additional application techniques or equipment. (5) To permit use at different application rates. (6) Other (specify below)	7. Nature of Special Local Need (Check one)	
	a. <input type="checkbox"/> There is no pesticide product registered by EPA for such use.	
	b. <input type="checkbox"/> There is no EPA-registered pesticide product which, under the conditions of use within the State, would be as safe and/or as efficacious for such use within the terms and conditions of EPA registration.	
	c. <input type="checkbox"/> An appropriate EPA-registered pesticide product is not available.	
	8. If this registration is an amendment to an EPA-registered product, is it for a "changed use pattern" as defined in 40 CFR 162.3(k)? <input type="checkbox"/> Yes (discuss in item 12 below) <input type="checkbox"/> No	
	9. Has an EPA Registration or Experimental Use Permit for Use of this chemical ever been: (Check applicable box(es)) <input type="checkbox"/> Sought <input type="checkbox"/> Issued <input type="checkbox"/> Denied <input type="checkbox"/> Canceled <input type="checkbox"/> Suspended Previous Permit Action: <input type="checkbox"/> Registration <input type="checkbox"/> Experimental Use Permit <input type="checkbox"/> No Previous Permit Action	

10. Has a FIFRA Section 24(C) registration for this use of the product ever, by another State been (Check applicable box(es)) <input type="checkbox"/> Sought <input type="checkbox"/> Issued <input type="checkbox"/> Denied <input type="checkbox"/> Revoked If any of the above are checked, list States in item 12 below. <input type="checkbox"/> No FIFRA Section 24(C) Action	11. Endangered Species Act: (Give details in Item 12 or on a separate page, properly identified and attached to this form)  Identify the counties where this pesticide will be used. If Statewide, indicate "all." Provide a list of Federally protected endangered/threatened species which occur in the areas of proposed use.
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<p align="center"><b>Certification</b></p> <p>I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.</p>		12. Comments
Signature of Applicant or Authorized Representative		
Title		
Telephone Number	Date	

**Determination by State Agency**  
This registration is for a Special Local Need and is being issued in accordance with section 24(c) of FIFRA, as amended. To the best of our knowledge, the information above is correct, except as noted in "Comments" below or in attachments.

Name, Title, and Address of State Agency Official	Comments (by State Agency Only)	Received by EPA
Title		
Telephone Number	Date	