



Application form for registration of pesticides and vector control

Applicant Information

Important: Read instructions on page 3 before completing this form

1. Applicant Name

2. Applicant address

City:

Country:

3. Name of Local technical Representative

City

Country

4. Physical address of Local technical Representative

5. Telephone Number of LTR

6. Fax Number

7. E-mail Address

8. Proprietary name of the product and Brand name (exactly as shown on label):

9. Type of registration action requested

- New registration
- Variation
- Renewal

10. Container Type(s), and Size(s)

11. Liquid Products Only:

Specific Gravity:

12. Solid Products Only

(Density): lbs. per cubic foot

13. WHO Hazard class (For pesticides):

- Class Ia** ("DANGER-POISON")
- Class Ib** ("DANGER - POISON")
- Class II** ("WARNING")
- Class III** ("CAUTION")

I certify, under penalty of perjury, that all information submitted on this application for registration is accurate and complete. All data that we submitted to the Rwanda FDA to support this product are enclosed in this submission or have previously been submitted to Rwanda FDA.

Type or Print Name/Title

Signature of applicant and date Signed



DHT/FOM/031

Product Characterization Information

Information about your product and its intended uses is required to allow the Authority to correctly process and prepare notices for this application.

1. a) This pesticide is a: Microbial (product itself is composed of microbes) Biochemical Chemical

b) Type of pesticide,

Vector control products Pesticides/ Fungicide Mosquito coil Mosquito spray Odor prevention

2. a) Is this product applied: aerial ground, both (aerial and ground), or Topical

b) Application methods, check all boxes that apply:

Ant / Wasp / Rodent Mound Fumigation Spray Rub on, wipe on Wash, Soak, Dip, or Mop

Additive Dust Water Application Trap / Device

Attached (e.g., collar, ear tag) Evaporating Solid Paint or Coating Smoke Other (specify):

3. Type of Formulation, check **one** box that best describes the product formulation:

Solids

Dust / Powder Pellet, Tablet, Cake or Briquet Pressurized Dust Pressurized Gas (Dry) Wettable Powder

Soluble Powder Dry Flowable Other (Dry)

Liquids

Emulsifiable Concentrate Oil (ready-to-use) Solution / Liquid Paint or Coatings Suspension Aqueous (Liquid) Concentrate

Flowable Concentrate Pressurized Gas Pressurized Liquid/Sprays/ Foggers Other (Specify)

4. Intended use

5. Label Signal Word

Poison / Toxic Danger Warning Caution None

6. Does this product require child-resistant packaging? Yes No

7. Flash point/flame extension of products containing more than 70% petroleum distillates:



Instructions for Application for Pesticide Registration

INCOMPLETE FORMS WILL NOT BE PROCESSED

If any section does not apply to your product, please mark it N/A. A separate application form must be completed for each product and each product brand name. If you require further assistance, consult the guidelines.

1. **Application mailing Address:** Correspondence, licenses, notices, etc. will be sent to this address.
 4. **Name of Authorized Local Technical Representative:** The person who is authorized to answer any questions about your application for registration. Generally, this person prepares the application. If the person is an agent/consultant, a letter from the firm authorizing the agent/consultant to act on its behalf is required.
 9. **Type of Registration Action Requested:**
 - **New Product:** A product is not yet registered in Rwanda FDA.
 - **Variation:** For a product already registered in Rwanda FDA.
 - **Renewal:** Registered product which has a certificate remaining few month of validation.
 10. **Container Type(s), Composition(s), and Size(s):** Describe the actual container(s), which hold the formulated product. For example, 16 oz. plastic bottle; 1, 2, and 5 gallon plastic buckets; 55 gallon steel drum.
 11. **Liquid Products Only:** List the density i.e., the pound weight of one gallon of the formulated product or list the specific gravity.
 12. **Solid Products Only:** Total weight per cubic foot of the formulated material.
 13. **WHO Hazard class:** refer to the WHO Class in the guideline for registration
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The Application Package should contain the following:

A cover letter describing the type of registration action requested and what is being submitted to Rwanda FDA.

The Application Package shall contain the following:

A completed application form (pages 1, 2, 4).

Two (2) copies of the product labeling. Typescript labeling may be submitted if printed labels are not yet available. Printer's proofs or final printed labels are required prior to issuance of a Certificate of Registration.

Certificate of Registration / Acceptance

If your product is registered, a Certificate of Registration (license) will be issued to you, authorizing sales for the remainder of the calendar year. Pesticide products may not be offered for sale until a Certificate of Registration has been issued.

Information Available on the Internet

Information about the Rwanda laws and regulations governing pesticide registration, as well as Rwanda FDA notices, policies, and procedures is available on the Internet at <<http://www.rwandafda.gov.rw>>. Information on currently registered products, registrants, telephone numbers, and other information are also available at this site.



Product Formulation Information

DHT/FOM/031

See page 5 for instructions

1. Brand Name:

3. pH (if water soluble liquid):

2. Proprietary Name (Common name):

4. Active Ingredient Give common chemical name for each active ingredient listed on the label. Microbials should show genus, species, and strain.	5. Chemical Abstracts Service (CAS) (or ATCC) No.	6. Brand name of source product for active ingredient	7. Percent by weight of source product in formulated product.		8. Percent by weight of active ingredient in formulated product.
9. Inert Ingredient (common chemical name)	10. Chemical Abstracts Service (CAS) No.	11. Brand name of source product for inert ingredient.	12. Purpose in formulation.	13. Percent by weight of source product in formulated product.	14. Percent by weight of inert ingredient in formulated product.
If space is not sufficient, attach additional pages. Inert ingredients information given on this form is considered to be confidential business information and is protected from disclosure under the Rwanda FDA Law).				Total <u>0.00</u> Columns 7 + 13 =100.00%	Total <u>0.00</u> Columns 8+14 =100.00%



DHT/FOM/031
Instructions for Product Formulation Information

Applications with **incomplete product formulation** information cannot be processed, and the first page **will be returned**.

4. **Active Ingredient:** List each active ingredient in this formulation as it appears on the label. Please list all active ingredients from one source product together for ease of calculation of percentages.
5. **CAS No.:** The CAS Number may be obtained from the Chemical Abstract Service of the American Chemical Society, P.O. Box 3012, Columbus, Ohio, 43210. Microorganisms should be identified by ATCC (American Type Culture Collection) or other recognized type culture collection number.
6. **Name of Source Product:** The name of the product which provides that active ingredient in the formulation.
7. **Percent By Weight of Source Product in Formulated Product:** Each source product listed in Column #6 must have a value in Column #7. For example, if active ingredient A and active ingredient B are both from the same source product which makes up 50% of the formulated product, the single entry in Column 7 is 50%.
8. **Percent By Weight of Active Ingredient in Formulated Product:** This percentage should be **identical** to that given on the labeling.
9. **Inert Ingredient:** List each inert ingredient component in this formulation. **NOTE:** If you do not know the identity of an inert ingredient in your product, have your supplier submit the chemical name of each inert ingredient, source product name, purpose in formulated product and percent by weight of the source product in the formulated product directly to the Authority, with reference to your firm name, your product brand name and Rwanda FDA Reg. No.
11. **Brand Name of Source Product:** The name of the product which is the source of the inert ingredient listed in Column #09.
13. **Percent by Weight of Source Product in Formulated Product:** Give the percentage by weight of each **SOURCE PRODUCT** in the formulated product. If the percent of a source product is already listed in column #7, do not list the same figure again in column #13.
14. **Percent by Weight of Inert Ingredient in the Formulated Product:** The percentage by weight of the inert ingredient in column #09 in the formulated product.

Example for filling formulation products

4. Active Ingredient Give common chemical name for each active ingredient listed on the label. Microbials should show genus, species, and strain.	5. Chemical Abstracts Service (CAS) (or ATCC) No.	6. Brand name of source product for active ingredient	7. Percent by weight of source product in the formulated product.	8. Percent by weight of active ingredient in formulated product.	
Pyrethrins	121-21-1	Pyrotech Concentrate	49.995%	0.010%	
piperonyl butoxide	51-03-6	Piperonyl butoxide	0.005%	0.005%	
9. Inert Ingredient (common chemical name)	10. Chemical Abstracts Service (CAS) No.	11. Brand name of source product for inert ingredient.	12. Purpose in formulation.	13. Percent by weight of source product in the formulated product.	14. Percent by weight of inert ingredient in the formulated product.
inerts from PyroTech Concentrate	-	Pyrotech Concentrate	inerts from technical	-	49.985 %
petroleum distillate	8002-05-9	SoluSolv	diluent	50.000%	50.000%
				TOTAL Columns 7 + 13 =100.00%	TOTAL Columns 8 +14=100.00%