



Oregon
Department
of Agriculture

Collective Experimental Use Permit Report
 Reporting Year _____
 Collective EUP # _____

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 of crop(s) experimental pesticide trials were conducted on:

CROP	ACTIVE INGREDIENT

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

Crop	Date Destroyed	How was Crop Destroyed & 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

Return this completed report no later than January 30th to: Grant Jackson, Oregon Department of Agriculture, 635 Capitol St NE, Salem, OR 97301 or email: gjackson@oda.state.or.us