

REQUEST FOR A SPECIAL LOCAL NEED REGISTRATION (SLN), SECTION 24(c)

(Rev 04/2024)

OHIO DEPARTMENT OF AGRICULTURE
PESTICIDE & FERTILIZER REG. SEC.
8995 E MAIN STREET
REYNOLDSBURG, OHIO 43068
(614) 728-6987
EMAIL: AGRpestFertProducts@agri.ohio.gov



Type of SLN: First-Party or Third-Party

Prior to submitting this request the pesticide product must be registered federally with EPA, and state registered with ODA. Please state register the pesticide product in the ODA Ag Enterprise system.

Give a complete description of the problem. Also, submit evidence such as field data, copies of published articles, or written support letters by qualified experts that the special local need exists.

List any other products that are registered in Ohio for this use. Give reasons why these alternatives are not available or are not effective in controlling the pest(s).

For what similar use is the product registered?

What, if any, are the anticipated hazards to bees, fish, wildlife or any nontarget organisms?

What will be the total amount of acreage treated? (estimate)

Has a residue tolerance been established for the food or feed crop? (please submit 40CFR tolerance info)

ADDITIONAL REQUIREMENTS NECESSARY FOR THE ISSUANCE OF A SLN BY ODA

USE ADDITIONAL PAGES AS NECESSARY

1. A copy of the U.S. EPA Federal SLN, **EPA Form 8570-25**, signed by the proposed registrant.
2. Efficacy and phytotoxicity data: If the use is on a food crop, residue data is also required.
3. A letter of authorization from the manufacturer.
4. Support Letter from an accredited University and/or Industry.

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LABEL INFORMATION

Product Name: _____ U.S. EPA Reg. No. _____

Manufacturer: _____ Location: _____

Crop/Commodity/Site: _____ Pest(s): _____

Proposed Dosage: _____ Proposed Dilution Rate: _____

Method of Application: _____ Frequency/Timing of Application: _____

Proposed Restricted Entry Interval (REI): _____ Proposed Preharvest Interval (PHI): _____

Other Special Requirements: ****Please submit a copy of the registrant SLN label with your submission package to ODA****

Name and Address of the SLN Registrant:

Contact Person: _____ Telephone Number: _____

Signature

Date

Return this form via mail or email to:

Ohio Department of Agriculture
Division of Plant Health
Pesticide & Fertilizer Reg. Sec.
8995 E Main Street
Reynoldsburg, Ohio 43068
(614)728-6987
Email: AGRPestFertProducts@agri.ohio.gov