



**Australian Pesticides &  
Veterinary Medicines Authority**

## **2,4-D HIGH VOLATILE ESTER PERMIT FORM 2006/2007 SEASON**

**FOR 2,4-D ETHYL, BUTYL AND ISOBUTYL ESTER CHEMICAL PRODUCTS**

***Note:** A permit will not be considered until all relevant particulars and all necessary supporting information are submitted.*

<b>Name of person seeking the permit</b>			
<b>Street Address</b>			
<b>Postal Address</b>			
<b>Name &amp; position of contact person</b>			
<b>Name and address of applicator if different to the person seeking the permit</b>			
<b>Telephone</b>		<b>Facsimile</b>	
<b>e-mail:</b>			

<b>PRODUCT(S) TO BE USED</b>	
<p><b>ONLY ONE PRODUCT: -</b> Indicate the brand name;</p> <p><b>OR</b></p> <p><b>MORE THAN ONE PRODUCT:-</b> Indicate the <b>name</b> and <b>strength</b> of the <u>active constituent(s)</u> or all <u>the brand names</u>.</p>	
<b>PROPOSED USE</b>	
<b>Crop or situation including size of the target area</b>	
<b>Pest or purpose</b>	
<b>Rate / dose</b>	
<b>Timing and frequency of sprays or doses</b>	
<b>Method of application</b>	
<b>Period between last application and harvest, grazing, slaughter or milking</b> (Withholding Period)	
<b>The location of sensitive off-target environmental areas (such as - sensitive crops, national parks/designated nature reserves, wetlands, significant remnant vegetation etc) in relation to the target areas. This information may be based on specific geographic areas (such as local council boundaries) or be for individual properties (specific geographic coordinates MUST be included).</b>	

<p><b>The location of sensitive off-target crops. This information may be based on specific geographic areas (such as local council boundaries) or be for individual properties (specific geographic coordinates <b>MUST</b> be included)</b></p>	
<p><b>Any special precautions</b></p>	
<p><b><u>JUSTIFICATION:</u></b></p> <p><b>Are any products currently registered or approved for the requested use?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>If YES, indicate separately on attachment or in covering letter why the requested use should be considered over the currently registered products.</i></p>	
<p><b>Use is to occur in:</b></p>	
<p> <input type="checkbox"/> ACT      <input type="checkbox"/> NSW      <input type="checkbox"/> NT      <input type="checkbox"/> QLD  <input type="checkbox"/> SA      <input type="checkbox"/> VIC      <input type="checkbox"/> TAS      <input type="checkbox"/> WA </p>	
<p><b>Proposed first date of use:</b></p>	
<p><b>Likely duration of use:</b></p>	
<p><b>Persons to be covered by the permit</b>  Please indicate the most relevant and <b>attach appropriate details</b> where necessary.</p>	
<p> <input type="checkbox"/> A specific group (eg. Pest Control Operators, members of a particular association etc..). <i>Please specify details below.</i>  <input type="checkbox"/> One or more nominated individuals. <i>Please attach details below.</i> </p>	

**Details of end users**

**IMPORTANT:**

**The APVMA will only issue an off-label permit if it satisfied that the use would not cause an undue hazard to people (directly or through food residues), the environment, plants and animals. The use must also be effective and not prejudice Australia's trade.**

**Please forward this permit form, together with all supporting information, to:**

**Australian Pesticides and Veterinary Medicines Authority  
PO BOX E240  
KINGSTON ACT 2604  
Ph: (02) 6272 5852 Fax: (02) 62725788**

**I declare that the information contained in this application and accompanying documentation is complete and true to the best of my knowledge**

**Printed name:**

**Position:**

**Signature:**

**Date:**