



**Oregon**  
Department  
of Agriculture

**Collective Experimental  
Use Permit Application**

Oregon Department of Agriculture  
Pesticide Programs  
475 NE Bellevue Drive, Suite 110  
Bend OR 97701-7415  
PH: 541-617-6097  
FAX: 541-389-1329

Name of Applicant (Please Print)		Telephone Numbers:	
		Cell:	
Name of Company:		Other:	
		Fax:	
Mailing Address:		E-Mail Address:	
City	State	Zip Code	

- ❖ A Collective Experimental Use Permit authorizes pesticide use for experimental or research purposes under the following conditions:
  - a. The Applicant may conduct experimental pesticide trials on one or more sites in any location in Oregon provided that the total area of all sites used for a particular pesticide active ingredient does not exceed one acre.
  - b. Experimental use of pesticides is limited to forest and agriculture sites only.
  - c. Any adverse environmental effects must be immediately reported to the department.
  - d. Specific records must be kept of pesticide applications (ORS 634.146).
  - e. Any food or feed item treated with experimental pesticides must be rendered unusable for human or animal food/feed. Documentation of food or feed item destruction or other measures taken to prevent the food or feed item from being used or consumed must be maintained.
  - f. A summary report of the experimental pesticide use conducted under this permit must be provided to the Department no later than 30 days after the expiration of the permit.
- ❖ A Site-Specific Experimental Use Permit must be obtained for trials larger than one acre in size **or** any trial involving sites other than agriculture or forest sites (aquatic, residential, non-cop, etc.)
- ❖ A Collective Experimental Use Permit will be issued for one calendar year, ending on December 31<sup>st</sup>.
- ❖ **Follow all applicable use directions and restrictions on the EPA approved pesticide label, state or federal experimental use pesticide label, or trial protocol.**

I agree to comply with all conditions of this EUP as required by OAR 603-057-0160:

Applicant Signature	Consultant or Applicator License Number	Date

<b>DEPARTMENT USE ONLY – Specific Conditions Pertaining to this EUP</b>

ODA Representative	Collective EUP Number	Approval Date	Expiration Date