



Appendix EC.8.3 (b)

Part 1 FPC Form – Pesticides; Acknowledgment of customer prescribed list

FPC: Pesticide Prescribed List Acknowledgement

To be completed by grower/supplier and submitted to PMO.

On Behalf of: **[grower/supplier]**

We acknowledge receipt of your company's prescribed lists of pesticides for the following crops:

We will abide by these lists in accordance with our signed undertaking and will notify you, in advance, if we need to use any other approved pesticide not on your lists.

I reaffirm my pesticide undertaking agreement previously signed and returned to you.

Name _____

Signed _____

Date _____



Part 2 FPC Form – Pesticides; Declaration of pre & post-harvest applications

For pre- and post-harvest pesticide applications. To be completed by grower/supplier and submitted to PMO

To _____ Supplier _____ Address _____

Detailed below is the list of pesticides which we propose to apply to crops from which we may supply you during the year _____ insert year

This section to be filled in by the grower/supplier				This section to be filled in by the PMO*				
Crop	Expected supply season (months)	Pesticide scheduled for use	Is this product approved in the country of origin?	Has the active ingredient been specifically withdrawn in the EU?	Has an EU MRL been set (or about to be changed or set) during this season?			
		Trade Name	Active ingredient	Harvest interval	Origin of approval	YES/NO	NO	MRL

I declare that the information given above is correct, and I will advise you immediately before any additional chemicals are used during the season.

Completed by _____ Signed _____ Date _____

Approved by _____ Signed _____ [PMO Technical] Date _____

PMO comments:

* In the absence of an MRL for a specific crop/pesticide combination a default MRL will apply. This is normally 0.01 mg/kg.



Part 2 FPC Form – Pesticides; Declaration of pre & post-harvest applications

For pre- and post-harvest pesticide applications. To be completed by grower/supplier and submitted to PMO

Response to Specific queries raised by PMO Technical Personnel

Crop	Active Ingredient	Action required

Completed by _____ Signed _____ Date _____

PMO comments: