# Et bilde som inneholder Font, Grafikk, grafisk design, logo KI-generert innhold kan være feil.

# **Application for extension of authorisation for a minor use of a plant protection product**

According to article 51 in Regulation (EC) No 1107/2009.

### 

| **Application** | | |
| --- | --- | --- |
| No | Information | |
| 1 | Type of application for extension of authorisation for minor use  [Write here] | |
| 2 | Type of product  Chemical  Professional  Biological[[1]](#footnote-1)  Non-professional | |
| 3 | Is an amendment made in connection with the application for renewal of extension of authorisation for a minor use?  Yes  No | **If yes**, please describe the change of the conditions:  [Write here] |

| **Applicant** | | | |
| --- | --- | --- | --- |
| No | Information | | |
| 4 | Name (organisation name)  [Write here] | Organisation number  [Write here] | Contact person (name/e-mail/tel.)  [Write here] |
| Address  [Write here] | | |
| Telephone no. (incl. country code)  [Write here] | | E-mail address   [Write here] |

| **Invoicing address for application fee (if different than applicant’s address)** | | |
| --- | --- | --- |
| No. | Information | |
| 5 | Invoicing address (incl. postal code and country)  [Write here] | Contact person (name/e-mail/tel.)  [Write here] |

| **Product information** | | |
| --- | --- | --- |
| No | Information | |
| 6 | Trade name of the product  [Write here] | Norwegian registration No  [Write here] |
| 7 | Active substance(s). The quantity of each active ingredient shall be given in g/l or g/kg.  [Write here] | |

| **Intended uses** | |
| --- | --- |
| No | Information |
| 8 | Crop  [Write here] |
| 9 | Target pest/disease/weed  [Write here] |
| 10 | Area of application for each crop (outdoors, glasshouse, protective covering etc.)  [Write here] |
| 11 | Max. individual dose/concentration  [Write here] |
| 12 | Max. no. of treatments/max. total dose  [Write here] |
| 13 | Earliest time of application  [Write here] |
| 14 | Latest time of application  [Write here] |
| 15 | Interval between applications  [Write here] |
| 16 | Method(s) of application, water volumes  [Write here] |
| 17 | Estimated area with treated crop  [Write here] |
| 18 | Other relevant details (specify)  [Write here] |
| 19 | Label  **Proposed additional label** is attached  or  **Proposed extension of minor use on an existing label** is attached |

| **Mutual recognition of minor uses** | | |
| --- | --- | --- |
| No | Information | |
| 20 | Reference Member State  [Write here] | Authorisation no. (in the reference MS)  [Write here] |
| Date of authorisation (dd month yyyy)  [Write here] | Date of expiry (dd month yyyy)  [Write here] |
| 21 | Copy of the minor use authorisation in the reference MS should be submitted, as well as a translation into English or Norwegian.  Copy of minor use authorisation is attached | |
| 22 | Copy of the product label in the reference MS should be submitted, as well as a translation into English or Norwegian.  A copy of the EU Member State product label is attached | |
| 23 | Formal statement that the plant protection product is identical to that authorised by the reference MS should be submitted.  Statement of identity is attached | |
| 24 | Statement of comparable agriculture practice and climate should be submitted.  Statement of comparability is attached | |
| 25 | Documentation on exposure assessment (soil, groundwater, surface water) according to the Norwegian requirements in the Guidance document for application in the Northern zone should be submitted[[2]](#footnote-2)  Additional documentation on exposure assessment is included | |

|  |  |  |
| --- | --- | --- |
| **Signature** | | |
| 26 | Applicant  [Write here] | Date  [Write here] |
| Signature[[3]](#footnote-3)  [Write here] | Name  [Write here] |

| **Send documentation and application form to:** |
| --- |
| Norwegian Food Safety Authority  Division plants, feed and drinking water, approvals department  E-mail: [postmottak@mattilsynet.no](mailto:postmottak@mattilsynet.no) and [pesticider@mattilsynet.no](mailto:pesticider@mattilsynet.no)  Or by post/courier to:  Mattilsynet / Norwegian Food Safety Authority  Division plants, feed and drinking water, approvals department  Glynitveien 30,  N-1400 Ski, Norway  All documents should be submitted in a digital, searchable format.  For further questions about this form, contact [postmottak@mattilsynet.no](mailto:postmottak@mattilsynet.no). |

| **Annexes** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| See No | Issue | Comments | Attached? | | Annex No | Data protection claim | |
| Yes | No | Yes | No |
| 19 | Proposed additional label (“Tilleggsetikett”) | [Write here] |  |  | [Write here] | [Write here] | |
| 19 | Proposed extension of minor use on an existing label. Extensions shall be separately identified, and separate reference shall be made to liability restrictions. | [Write here] |  |  | [Write here] | [Write here] | |
| [Write here] | Additional documentation on unacceptable effects on the environment (if the extension of minor use is not covered by existing authorisation) | [Write here] |  |  | [Write here] |  |  |
| [Write here] | Additional documentation on unacceptable effects human health. Risk assessment to operator, worker, resident and bystander (if the extension of minor use is not covered by existing authorisation) | [Write here] |  |  | [Write here] |  |  |
| [Write here] | Data on the magnitude of residue | [Write here] |  |  | [Write here] |  |  |
| [Write here] | Letter of Access (if the product data are not owned by the applicant) | [Write here] |  |  | [Write here] | [Write here] | |
| [Write here] | Data sharing agreement/task force (if the product data are not owned by the applicant) | [Write here] |  |  | [Write here] | [Write here] | |
| [Write here] | [Write here] | [Write here] |  |  | [Write here] | [Write here] | |
| [Write here] | [Write here] | [Write here] |  |  | [Write here] | [Write here] | |
| [Write here] | [Write here] | [Write here] |  |  | [Write here] | [Write here] | |
| **Mutual recognition** | | | | | | | |
| 21 | Copy of minor use authorisation – original MS language | [Write here] |  |  | [Write here] | [Write here] | |
| 21 | Translation of minor use authorisation – English or MS language | [Write here] |  |  | [Write here] | [Write here] | |
| 22 | A copy of the EU Member State product label | [Write here] |  |  | [Write here] | [Write here] | |
| 23 | Statement of identity | [Write here] |  |  | [Write here] | [Write here] | |
| 24 | Statement of comparability | [Write here] |  |  | [Write here] | [Write here] | |
| 25 | Additional documentation on exposure assessment (if the extension of minor use is not covered by existing authorisation) | [Write here] |  |  | [Write here] |  |  |
| [Write here] | [Write here] | [Write here] |  |  | [Write here] | [Write here] | |

1. Product with micro-organisms. If the product contains **nematodes, insects or arachnids,** use the special application form for Macro-organisms [↑](#footnote-ref-1)
2. Guidance Document on Work-Sharing in the Northern Zone in the Authorization of Plant Protection Products, April 2014. [↑](#footnote-ref-2)
3. If the signature is done by someone other than the applicant, a power of attorney confirming the right to sign the application on behalf of the applicant should be submitted. [↑](#footnote-ref-3)