FIRST SCHEDULE

Form VIII
(Regulation 31(1))

THE ZAMBIA ENVIRONMENTAL MANAGEMENT AGENCY

The Environmental Management Act, 2011
(Act No. 12 of 2011)

The Environmental Management (Licensing) Regulations, Statutory Instrument No.112 of 2013

APPLICATION FOR A PESTICIDE AND TOXIC SUBSTANCE LICENCE					
Please complete in block letters		Shaded fields for official use only	Licence Code		
			Date and Time		
Information Required		*Information Provided*			√
1.	Type of Activity	Manufacturing			
		Importation			
		Transportation			
		Storage			
		Exportation			
		Blending			
		Formulating			
		Re-formulating			
		Processing			
		Re-processing			
		Sale			
		Distribution			
		Packaging			
		Re-packaging			
		Changing composition			
		Advertising			
		Pest Control			
		Fumigation			
	Other(s)				
2.	Name(s) of applicant(s)				
3.	Type of facility				
4.	Certificate of incorporation no. (if applicable)				
5.	Notification address (a) Telephone No.				

	(b) Fax No. (c) Email address		
6.	Name and title of contact person authorised to represent applicant (a) Telephone No. (b) Fax: (c) E-mail		
7.	Name of local agent (if different from registration holder) (a) Telephone No. (b) Fax: (c) E-mail		
8.1	Product to be manufactured, blended, formulated, re-formulated, processed, reprocessed or changed in composition	(a) (b) (c) (d) (e) (f) (g) (h) (i)	
8.2	Facilities to be licensed	(a)	
		(b)	
		(c)	
		(d)	
		(e)	
		(f)	
		(g)	
9.	Indicate reasons for import/ export		
10.	**Appendices** (attach the following forms where applicable)		
	Appendix 1	Decision Letter	
	Appendix 2	Returns	
	Appendix 3	Efficacy report	
	Appendix 4	Name and qualifications of the person responsible for pesticide or toxic substance management, compliance with the Act and the conditions of the licence;	
	Appendix 5	Chemical dossier	
	Appendix 6	Details of field trials (where applicable)	
	Request for confidentiality of information (tick) Yes: …… No: ……. Reasons: …… ……		
	PRODUCT IDENTIFICATION		
1.	Product Registration Number:		
2.	Product status	(a) Trial Product	
		(b) Non-Trial Product	
3.	Type of Pesticide (insecticide, herbicide, fungicide, etc) or toxic		

	substances (e.g. cyanide, benzene)		
4.	(a) Trade Name:		
	(b) Trade mark:		
	(c) Trade mark holder:		
	(d) Is the product registered in the country of:		
	(i) Origin: Yes …… No ……... If No, specify ……..…….. (ii) Manufacture: Yes …… No ……. If No, specify ……. …….. (i) Formulation: Yes …… No …….. If No, specify …… (ii) Name and address of formulation if different from above ……..		
	(e) Registration in SADC countries		
	(f) Registration in other countries		
5.	Full chemical name of each ingredient		
6.	Common name of each active ingredient		
7.	The empirical and structural formula for each active ingredient		
8.	Formulation (type of formulation: wettable powder, emulsifiable concentrate, e.t.c)		
9.	(a) Concentration of active agent in technical material		
	(b) Percentage of purity on a mass-by-mass or mass by volume basis (specify) of each active ingredient and other ingredients (including inert matter) in the pesticide/toxic substance stating which or percentage applies to each ingredient:		
10.	Physical and chemical properties of each ingredient with specific reference to type of formulation:		
	10.1 Appearance:		
	10.2 Density (liquids only):		
	10.3 Flammability		
	(i) Liquids flash point:		
	(ii) Solids – statement to be made as to whether product is flammable:		
	10.4 Wettability (for dispersible powders):		
	10.5 Suspendibility (for emulsified suspension concentrates):		
	10.6 Emulsion stability (for for emulsifiable concentrates):		
	10.7 Corrosiveness		
	10.8 Known incompatibilities with		

	other products (specify):		
11.	Size of containers in which the pesticide or toxic substance is to be sold and the net weight or volume:		
12.	Nature of containers in which the pesticide or toxic substance is to be sold:		
13.	Stability of formulation:		
	(a) On storage (at temperature of 25°C ± 3°C):		
	(b) On dilution:		
	(c) Shelf life in general:		

TOXICOLOGY

Toxicology (active ingredient)

Rat	Acute Oral (LD_{50} mg/kg)	Acute Dermal (LD_{50} g/kg)	Inhalation LC_{50} (mg/4hour)	Intra-peritoneal injection for infectivity (LD_{50} g/kg)
Experimental				
Calculated				
Hypersensitivity/allergies in humans				

Approved ☐ or Rejected ☐ (√)

Toxicology (formulated product)

		Acute Oral (LD_{50} mg/kg)	Acute Dermal (LD_{50} g/kg)	Inhalation LC_{50} (mg/4hour)
Rat	Experimental			
	Calculated			

Rabbit	Eye irritation	Skin irritation
None		
Mild		
Moderate		
Severe		

Skin sensitization in guinea pig: (tick)	None	Mild	Moderate	Severe

WHO classification (tick):	Ia	Ib	II	III	Others
GHS Classification (e.g. Class, Division or Type)					
Summary of other mammalian toxicological studies: eg. Livestock, wildlife, poultry, pets					

ECOTOXICOLOGY

	YES/NO
Toxicity to bees:	
Toxicity to fish and other aquatic organisms:	
Toxicity to birds:	
Toxicity to earth worms or other soil invertebrates, and soil micro-organisms:	
Toxicity to other non-target organisms:	
Persistence in the environment:	

	Available toxicological data relating to other ingredients in formulation (non-active additives in formulation):		
	Other effects: Specify		
	PACKAGING		
	Type of packaging material/container:		
	Pack size(s)		
	Method of disposal of empty container(s)		
	OTHER SPECIFIC REQUIREMENTS		
	Directions for safe disposal of expired pesticide or toxic substance		
	Measures to minimise operator exposure		
	Sanitary and phytosanitary measures		
	Has the product been cleared by the phytosanitary authorities? (tick): (a) In the country of origin (b) The recipient country	Yes (provide evidence) No ☐ ☐ ☐ ☐ If No, give reasons	
14.	Phytotoxicity:		
15.	Safety precautions to be observed in handling, use and storage:		
16.	Hazard to environment (e.g wildlife, aquatic etc.):		
17.	Residue data:		
18.	Proposed use:		
19.	(a) Directions for use: (b) If pesticide state the method, dosage rates and frequency of application		
20.	(a) Biological effectiveness and benefit in use: (b) Mode of action		

DECLARATION

I certify that these particulars are to the best of my knowledge, true and correct. I acknowledge that any false or misleading statement made knowingly may lead to cancellation of my licence under applicable law.

....

Date Signature of applicant and official stamp

FOR OFFICIAL USE ONLY

Received by: ....

Officer (Name and Signature) Date

Amount Received: ..... Receipt No.: .....

.....

OFFICAL STAMP

Director-General Zambia Environmental Management Agency
1. Application approval status Approved ☐ or Rejected ☐ (√) 2. If approved, ZEMA Product No. …….. *ZEMA to insert the Product No.