

UNITED REPUBLIC OF TANZANIA



MINISTRY OF AGRICULTURE



TOBACCO RESEARCH INSTITUTE OF TANZANIA
(TORITA)

APPLICATION FOR PESTICIDE, HERBICIDE AND FUNGICIDES TEST ON
TOBACCO

(To be filled in Triplicate)

To: Research Director
Tobacco Research Institute of Tanzania
P.O. Box 431,
Tabora.

- 1. Full name of the applicant.....
- 2. Postal address 3. Tel No.....
- 4. Email Fax No.....
- 5. Name of the (Pesticide, Herbicide, Fungicide).....
- 6. Name of the active ingredients.....
- 7. Form of the (pesticides, Herbicide, Fungicide).....
- 8. Mode of pesticide application.....
- 10. Other basic information of (insecticides, pesticides, herbicide):.....
- 11. Name under which it is tested:.....
- 12. Proposed dosage of Pesticides, Herbicide, Fungicide
.....
- 15. Test fee paid (US \$2000) by..... P.O. Box.....

Dated..... Signed:

FOR OFFICIAL USE ONLY:

Application No: Date Received:.....

Fees Receipt No:

.....
Amount of chemicals received for the test : first season:.....second season.....

Dated:.....Signature of the responsible
officer.....