

FORM

REQUEST FOR THE ISSUANCE OF A DECISION AUTHORISING PLACEMENT INTO INTERNAL TURNOVER OF THE PRODUCTS FOR PROTECTION OF PLANTS

1. Filer of the request (company name, address, seat, tel./fax, number and date): _____

2. Name and address of product producer: _____
3. Country of product producer: _____
4. Trade name of product and formulation form: _____
5. Generic name of active substance and its content,
as well as chemical name and content of other ingredients
in the product: _____
6. Quantity of product per package and total quantity: _____
7. Types of agents of plant diseases, pests or weed the product
is applicable against: _____
8. Quantities, i.e. concentrations which the product is
applicable in, and, as application of product in smaller quantities
(on 100 m²), i.e. small quantities
(in 10 l of water): _____
9. Effects of the product on plants, and particularly potential
effects on cultivated plants (phyto-toxicity, limitation of crop
sequence): _____
10. Toxicity of products to humans, bees, fish and warm-blooded
organisms and toxicity belonging to the group: _____
11. Interval during which work in the field and protected area and
access to domestic animals after application of the product
(working waiting period): _____
12. Interval between the last application of the product and picking or
harvesting (waiting period): _____
13. Time of dissolving of the product in soil and water: _____
14. Possibility or prohibition of use of product from aeroplanes: _____
15. Number of possible applications (usage) during the year:

16. Border crossing: _____

Enclosed:

Decision on registration/authorisation of placement in turnover of the product issued by the authorised
ministry of the country of product producer;

Decision on classification into group of toxins and toxicological evaluation of the product, with verified translation, and with the stamp of court translator.

FORM
REQUEST FOR THE ISSUANCE OF A DECISION REGARDING THE
CONSENT FOR IMPORTS OF PRODUCT FOR PLANT PROTECTION

1. Filer of request (company name and responsible person, address, seat, tel./fax), number and date of request:

2. Trade name of product and formulation form:

3. Generic name of active substance and its content,
as well as chemical name and content of other ingredients
in the
product: _____

4. Type of product (insect. fungi, herbic. etc.) and group (systemici, pyrethroids,
etc.): _____

5. Quantity of product per pack and total quantity: _____

6. Name and address of **foreign producer** of the product for plant protection represented by the
filer of the request in FBiH:

7. Country of **producer** of product:

8. Country the product is **imported** from:

9. Tariff number per valid decision and customs
tariff: _____

10. Price of costing of the product per unit measure expressed in KM:

11. Total price of costing expressed in KM:

12. Border crossing: _____

Enclosed:
Invoice for goods imported;
Decision authorising the imports of toxins issued by FMI.