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Environment Branch,
Room 108, Mallard House, Kings Pool,
3 Peasholme Green, York. YO1 7PX.
Tel No: (01904) 455864
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E-mail for applications*: applications@hse.gsi.gov.uk
E-mail for enquiries: applicant-enquiries@hse.gsi.gov.uk

***applications from Northern Ireland must be sent to the address specified in section 9 of this form.**

For official use
Date received
File
Initials

Application for Official Recognition of Efficacy Testing Facilities or Organisations

(under Commission Directive 93/71/EEC)

- All information in this application form is classified as commercial in confidence and will not be divulged to another source, except other Member State competent authorities responsible for GEP/'Official Recognition'.
- Before you start to complete this form please read the Notes for Guidance (ORET 2). If you need any assistance or have any questions, contact CRD at the address given above.
- If the management of the efficacy related work is not centrally co-ordinated, you may need to complete more than one form. Please see Section 1 of the Notes for Guidance (ORET 2).
- Please answer every question. Incomplete forms will be returned. Please sign and date the application form. Please ensure that all attachments are clearly identified as being the property of your organisation.
- The application form and all necessary attachments should be mailed or e-mailed to the address at the top of this form.
- **Receipt of e-mailed applications will be acknowledged within 10 working days. Please note that a signed copy of the application form must be sent via post in addition to an e-mail submission.**

1 Facility/Organisation details

Please use BLOCK capitals for parts (a) to (c) and **black ink (if printing off form)**

(a) Responsible Officer/Contact Name

(b) Company/Job title

(c) Company name and full postal address of main efficacy testing facility or organisation

Postcode:

(d) Telephone Number
(including national dialling code)

(e) E-mail Address

(f) Please indicate the categories of Official Recognition you wish to apply for:

Tick/click appropriate box(es)

- Agricultural/Horticultural trials/tests ☐
- Stored Crops trials/tests ☐
- Vertebrate Control Agents trials/tests ☐
- Biological Agents and Semiochemical trials/tests ☐

2 Staff and other facilities

Please provide the following information:

Tick/click EACH box to indicate information is attached

(a) A current list of names, with relevant qualifications, of all permanent staff involved in duties or associated with efficacy testing ☐

(b) Details of the management/supervisory chain, including functions and responsibilities related to efficacy testing work ☐

(c) A list (including addresses) of all owned/leased/rented facilities used for efficacy testing ☐

(d) Name of the archivist: ☐

(e) Name of person responsible for the chemical stores: ☐

3 Equipment, maintenance and calibration

Please provide evidence that the facility or organisation has suitable items of equipment to carry out efficacy testing within the categories designated in section 1 part (g). Below are some examples please tick/click the appropriate box(es) if you have this equipment. Only equipment that needs regular calibration and maintenance should be included.

(a) Application equipment:
- Static ☐
- Hand held ☐
- Granule applicator ☐
- Tractor/ATV mounted ☐
- Motorised mist blower ☐
- Seed treatment equipment ☐
- Fumigation chamber ☐

(b) Drilling/Harvesting equipment:
- Drill/plot drill ☐
- Static harvester ☐
- Plot/combine harvester ☐

(c) Measuring/Weighing equipment:
- Balances ☐
- Weighing scales ☐
- Thousand grain weight machines ☐
- Moisture meters ☐

(d) Miscellaneous equipment:
- Drying ovens ☐
- Automatic weather stations ☐
- Electronic data capturers ☐
- Controlled environment rooms ☐

3 Equipment, maintenance and calibration (continued)

There are many pieces of assessment/sampling and other specialist equipment not covered in (a) to (d) above. Please provide a list of any other specific items of equipment used by your facility that requires regular calibration and maintenance

Tick/click appropriate box

(e) Do you have any other assessment/sampling or specialist equipment If **YES** please provide the list as an attachment. YES ☐ NO ☐

(f) Assurance Statement

Tick/click box

I declare that the items listed above have regular calibration and maintenance, and I confirm that these records will be available at the time of an inspection ☐

4 Standard operating procedures (SOPs)

Please provide the following information:

Tick/click EACH box to indicate information is attached

(a) A copy of the SOP for writing and maintaining/updating SOPs ☐

(b) A copy of the SOP for chemical control procedures ☐

(c) A copy of the SOP for archiving raw data/other records related to efficacy work ☐

(d) A list of all SOPs for efficacy related work ☐

5 Efficacy work and detailed trial/test information

If your organisation is simply **renewing** its existing certification, please ignore part (a) and only provide information to part (b). If your organisation is **applying for certification for the first time**, please provide information to address parts (a) & (b). If, as a new applicant, you have yet to undertake any efficacy trials/tests please seek assistance from CRD.

Tick/click EACH box to indicate information is attached

(a) A recent example of a trial/test protocol or study plan associated raw data and the related trial/test report (**not required if you are renewing an existing certificate**) ☐

(b) A list of all efficacy work which could be used in support of product approvals/authorisations undertaken in the last two years ☐

6 RE-NEWAL APPLICATIONS

Tick/click EACH box to indicate information is attached

Please include an explanation in the covering letter of the steps which have been taken to address any issues raised in the last inspection report. ☐

7 Payment of fee

On receipt of your complete application, CRD (or DARD in the case of applications from Northern Ireland) will raise an invoice. Details of current fees can be found on our website. Please note that applications will not be evaluated until payment is received.

If the address for invoicing is different to the information provided in section 1, please complete the following:

Contact name		**Title**	
Company name			
Address			
Telephone			
e mail			
Purchase order number (if required):			

8 Declaration

I declare that:

- I have read the Notes for Guidance; and
- That the information given in this application form is true to the best of my knowledge.

Signature: Date:

Company/Job title:

9 Address for submitting applications

Applications from organisations based in England, Scotland and Wales should be sent to CRD using the contact details specified at the top of this guidance document.

Applications from organisations based in Northern Ireland must be sent to the Department of Agriculture and Rural Development (DARD) using the following address:

Deborah Currie
Department of Agriculture and Rural Development (DARD) Room 652,
Dundonald House,
Upper Newtownards Road,
Belfast,
BT4 3SB

Tel: 02890 524728
e-mail: deborah.currie@dardni.gov.uk

WARNING

If you knowingly or recklessly make a false statement or fail to disclose any information particular to the application form, your facility/organisation may not be 'Officially Recognised' to carry out efficacy trials in the UK under Commission Directive 93/71/EEC

The Data Protection Act 1998

"The Personal data submitted with this application will be handled in accordance with the Data Protection Act 1998. Personal data will be used for the purpose of processing your application for certification, and as part of the information supporting certification it may be referred to in any subsequent regulatory action concerning that certification. In the event of a failure to meet the conditions of that certification, or any other breach of statutory requirements, these personal data may be used for enforcement purposes."

You are advised to keep a copy of your completed application and attachments.

CHECKLIST OF ATTACHMENTS

(a)	A completed application form	☐
(b)	A list of names (plus qualifications), of all permanent staff involved or associated with efficacy testing	☐
(c)	Details of the management/supervisory chain, including functions and responsibilities relevant to the efficacy testing work	☐
(d)	A list (including addresses) of all owned/leased/rented facilities used for efficacy testing	☐
(e)	Information about assessment/Sampling and Other Specialist Equipment	☐
(f)	A copy of the SOPs requested in Section 4 (a) to (c)	☐
(g)	A list of all SOPs for efficacy related work	☐
(h)	A list of all efficacy work which could be used in support of product approvals/authorisations undertaken in the last two years	☐
	and where applicable	
(i)	A recent example of a trial/test protocol/study plan, associated raw data and the related trial/test report	☐
(j)	An explanation of the steps taken to address any issues raised in the last inspection report	☐