



Product Name: \_\_\_\_\_

DTN: \_\_\_\_\_

**SELF-ASSESSMENT CHECKLIST FOR RENEWAL APPLICATION  
OF HOUSEHOLD/URBAN PESTICIDE REGISTRATION**

DOCUMENTARY REQUIREMENTS	YES	NO	Remarks	FDA's Use Only
<b>Administrative Documents</b>				
1. Filled-Out Integrated Application Form with Signatures of Owner/ President/ General Manager and Authorized Representative				
2. Notarized Declaration Annex IV of Integrated Application Form				
3. Post-market surveillance monitoring report - Determination of developed pesticide resistance				
4. Unattached legible, comprehensive and indelible specimen of all labeling materials per pack size (including outer, immediate, package inserts, if any) in English and/or Filipino language with local dialects as applicable				
a. Brand Name and Product Name				
b. Product or user category				
c. Type of formulation				
d. Intended use				
e. Active ingredients including percentage concentration in % w/w or % w/v				
f. Net content				
g. Batch/Lot number				
h. Manufacturing date				
i. Expiry date				
j. Registration number				
k. GHS pictogram, signal word and hazard statement				
l. Precautionary statement or warnings				
m. Color band based on GHS Acute Toxicity				
n. Signs/symptoms of poisoning				
o. First aid treatment/ Antidote information				
p. Medical advice/ Note to physician				
q. Accidental spills advice				
r. Directions for use (field of use, dilution and application rate, re-entry period and frequency of re-application)				
s. Storage and Disposal				
t. Name, complete address and contact information of the marketing authorization holder (MAH)				
u. Contact information of the national/regional poison center				
5. Payment of fee				

--- To be filled out by CCHUHSRR Personnel ---

<b>Evaluator:</b>		<b>Signature:</b>	
<b>Position:</b>		<b>Date:</b>	
<b>Decision:</b>	<input type="checkbox"/> Acceptance <input type="checkbox"/> Non-acceptance	<b>Remarks:</b>	