

APPLICATION FORM FOR EXPERIMENTAL USE*
to carry out efficacy trials with yield enhancing substances

1. APPLICANT

Name:

Address:

Postal address:

2. EXPERIMENTAL FORMULATION

a) Commercial name:

b) Type of yield enhancing substance in accordance with Appendix to Annex 1 to Decree 36/2006 (V. 18.) FVM:

c) Name, address and statistical code of the manufacturer:

d) Composition, name and share of active substances, basic materials, contaminants:

e) Quality characteristics guaranteed by the manufacturer:

f) Fields of uses and doses of applications provided by the manufacturer:

g) Fire hazard classification:

h) Storage and shelf-life conditions provided by the manufacturer:

3. EXPERIMENT

- a) **Location:**

- b) **Size of all the experimental areas, in hectare:**

- c) **Experimental plant (species, variety, root-stock):**

- d) **Experimental layout (plot size, number of treatments, number of replicates):**

- e) **Treatment data (doses, concentration, growth stage, mode of treatment, spray volume used):**

- f) **Aspects of evaluation:**

4. PERSON OR COMPANY, WHO UNDERTAKES THE EXPENSES

Name:

Address:

VAT number:

Postal address:

Date:

stamp

* The application shall be submitted

- personally to 1118 Budapest, Budaörsi út 141-145.
- or by the post to 1537 Budapest, Pf 407.