**WHO PQT/VCP application form for assessment of source material (PQ400/PQ401)**

**1. APPLICANT INFORMATION**

**Company details**

|  |  |
| --- | --- |
| Company (name of manufacturer) |  |
| Company physical address | Street name and no.:  |
| City:  |
| State/province: |
| Postal code:  | Country:  |
| Company mailing address (if different) | Street name and no.:  |
| Postal office box no.:  |
| City:  |
| State/province: |
| Postal code:  | Country:  |

**Authorized contacts for the company**

Authorized contacts are those individuals with whom PQT/VCP are authorized to discuss matters relating to the active ingredient(s) (AIs) identified on this form. Individuals identified may be employees of the company or third party representatives. **All authorized contacts should be identified as an attachment to this form on company letterhead and a primary point of contact should be designated**. The following information should be provided:

Name

Contact job title/position

Company (if third party representative)

Mailing address

Telephone number(s) with country code

Email

**2. PRODUCT IDENTIFICATION SUMMARY (PIS)**

|  |  |
| --- | --- |
| Ingredient[[1]](#footnote-1) name |  |
| Established specification code (if submitting an extension application) |  |
| Declared minimum purity of ingredient |  |
| Formulation type[[2]](#footnote-2) |  |

**3. DECLARATION OF MANUFACTURING SITES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Owner of site (company name)** | **Name of site** | **Street address (including block(s)/unit(s))** | **City** | **State/province** | **Postal code** | **Country** |
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**4. MANUFACTURER DECLARATION**

The undersigned authorized representative of the Manufacturer makes the following declarations on behalf of the Manufacturer and, in signing this application form, declares that he/she has the authority to bind the Manufacturer.

I declare that:

* I am authorized to represent the Manufacturer specified in this application (the "Manufacturer") for the purposes of WHO vector control product Specification of the Active Ingredient(s) specified in this application form (the "Product").
* All the information provided in this application is current and correct.
* Any changes to the information provided in the application will be readily communicated to WHO.
* The manufacturer holds data in support of all claims made on product labelling as presented to WHO.
* The Manufacturer understands and agrees that, in the event that WHO agrees to undertake Specification of the Product: (i) WHO will have absolute unfettered control over the manner in which the Specification is carried out, including the publication of the results of the Specification, regardless of the outcome; and (ii) at the time when annual fees are established for the maintenance of prequalified products, the Manufacturer will be informed and will have the option to cancel the prequalification or agree to the fees.
* The Manufacturer understands that the results of the Specification, the participation in the WHO Specification process, the inclusion of any product in the WHO list of Specified Ingredients/or the WHO name and emblem, may not be used by manufacturers or any other party for commercial and/or promotional purposes.

**Name of Authorized Contact Person for the Manufacturer:**

**Signature of Authorized Contact Person for the Manufacturer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**

1. Only one active ingredient or synergist may be specified on this form. Separate applications must be submitted for each ingredient. [↑](#footnote-ref-1)
2. Based on formulation types specified in Appendix E of the *Manual on development and use of FAO and WHO specifications for pesticides (*https://extranet.who.int/prequal/vector-control-products/manual-development-and-use-faowho-specifications-pesticides) [↑](#footnote-ref-2)