

Application – Parallel trade permit

The application form shall be completed in compliance with Article 52 of Regulation (EC) 1107/2009 and the newest version of the guidance document on parallel trade of plant protection products (SANCO/10524/2012).

### **Applicant**

Current or future authorisation holder[[1]](#footnote-1), i.e. the party **responsible** for initial placing of the plant protection product on the Norwegian market

| **No** | **Information** | | | |
| --- | --- | --- | --- | --- |
| 1 | Company name | | Organisation number | |
| Address | | Postal code, town and country | |
| Contact person | E-mail address | | Telephone no. (incl. country code) |

### **Authorisation holder in the Member State of origin**

Current authorisation holder, i.e. the party **responsible** for initial placing of the plant protection product on the Norwegian market

| **No** | **Information** | | | |
| --- | --- | --- | --- | --- |
| 2 | Company name | | Organisation number | |
| Address | | Postal code and town | |
| Contact person | E-mail address | | Telephone no. (incl. country code) |
| Indicate which MS of Origin | | | |

### **Product information**

| **No** | **Information** | | |
| --- | --- | --- | --- |
| 3 | Name of the parallel trade product in Norway | | Product code |
| 4 | Name of the reference product in Norway | | Authorization no. in Norway |
| 5 | Name of the product in the Member State (MS) of origin | | Authorization no. in MS of origin |
| 6 | Type of product  Chemical  Biological | Function  < Choose alternative > | Other type (if applicable)  < Choose alternative > |
| 7 | Packaging size | | Packaging material |
| 8 | Physical state of the product / formulation type | | |
| 9:1 | Active substance / Safener or Synergist / Organism 1 | | CAS no. / strain and culture collection 1 |
| 9:2 | Active substance / Safener or Synergist / Organism 2 | | CAS no. / strain and culture collection 2 |
| 9:3 | Active substance / Safener or Synergist / Organism 3 | | CAS no. / strain and culture collection 3 |

### **Manufacturer**

| **No.** | **Information** |
| --- | --- |
| 10 | The plant protection is produced:  By the applicant  By an associated undertaking  Under licence |

### **Temporary** representative [[2]](#footnote-2) (if applicable)

Representing the authorisation holder ( i.e. the applicant in point 1 ) **only during the application procedure**

| **No** | **Information** | | | |
| --- | --- | --- | --- | --- |
| 11 | Company name | | Organisation number | |
| Address | | Postal code and town | |
| Contact person | E-mail address | | Telephone no. (incl. country code) |
| 12 | A representative should prove the appointed level of representation with **a letter of appointment** by the applicant in original.  Letter of appointment as temporary representative is attached | | | |

### **Permanent** representative (if applicable)

Representing the future authorisation holder (i.e. the applicant in point 1) **during the authorisation period**

| **No** | **Information** | | | |
| --- | --- | --- | --- | --- |
| 13 | Company name | | Organisation number | |
| Address | | Postal code and town | |
| Contact person | E-mail address | | Telephone no. (incl. country code) |
| 14 | A representative should prove the appointed level of representation with **a letter of appointment** by the applicant in original.  Letter of appointment as temporary representative is attached | | | |

### **Invoicing address for application fee**

| **No.** | **Information** | |
| --- | --- | --- |
| 15 | Application fee will be paid by  Authorisation holder  Temporary representative  Permanent representative | |
| Invoicing address | Contact person |
| Postal code and town | E-mail address |
|  | Country | Telephone no. (incl. country code) |

### **Further documentation required**

| **No.** | **Information** |
| --- | --- |
| 16 | Label and instruction for use  Original label and instruction for use in the MS of origin is attached  Original label and instruction for use, translated to English or Norwegian, is attached  Proposed Norwegian label and instruction for use, in Norwegian, is attached |

### **Packaging and labelling**

| **No** | **Information** | |
| --- | --- | --- |
| 17 | Will the product be sold in Norway in the original container?  Yes  No  **If no,** give the reason why and fill out details under **Repackaging** | |
| 18 | **Details on the container of the product to be imported** | |
| Size(s) | Neck size(s) |
| Type(s) of closure | Packaging material |
| 19 | A photo of the container must be provided (a product sample may also be requested)  A photo of the container attached | |

### **Repackaging**

In case of repackaging, give full details of responsible party and the place of repackaging and/or labelling

| **No** | **Information** | | | | |
| --- | --- | --- | --- | --- | --- |
| 20 | Company name | | Organisation number | | |
| Address | | Postal code, town and country | | |
| Name of contact person | E-mail address | | | Telephone no. (incl. country code) |
| 21 | **Details on the container of the product to be marketed in Norway** | | | | |
| Size(s) | | | Neck size(s) | |
| Type(s) of closure | | | Packaging material | |
| 22 | A photo of the container must be provided (a product sample may also be requested)  A photo of the container attached | | | | |

### **Signature [[3]](#footnote-3)**

|  |  |  |
| --- | --- | --- |
| 23 | Applying company | Date (dd.mm.yyyy) |
| Signature | Name |

### **Completeness check for annexes**

| **No** | **Issue** | **Comments** | **Attached** | | **Annex No** |
| --- | --- | --- | --- | --- | --- |
| Yes | No |
| 1 | Applying company/corporation’s certificate |  |  |  |  |
| 12 | Letter of appointment – Temporary representative |  |  |  |  |
| 14 | Letter of appointment – Permanent representative |  |  |  |  |
| 16 | Original label and instruction for use in the MS of origin |  |  |  |  |
| 16 | Original label and instruction for use translated to English or Norwegian |  |  |  |  |
| 15 | Proposed Norwegian label and instruction for use |  |  |  |  |
| 19 | A photo of the non-repacked container |  |  |  |  |
| 22 | A photo of the repacked container |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Send application form to:**   
Norwegian Food Safety Authority, Regional Office Stor-Oslo, P.O. Box 383, N –2381 Brumunddal, Norway  
Or e-mail: [postmottak@mattilsynet.no](mailto:postmottak@mattilsynet.no).

If the application is sent by regular mail, please send an e-mail to notify that the application has been sent.

**Send two sets of documentation to:**

Norwegian Food Safety Authority, National Registration Department, Regional Office Greater Oslo Region, Glynitveien 30*,* N-1400 Ski, Norway

The application form should be submitted as signed original. All other documents, including the copy of the application form,   
must be delivered on CD or in another digital format.

1. All companies that have no previously authorized plant protection product in Norway must submit a company/incorporation certificate. [↑](#footnote-ref-1)
2. The applicant is fully responsible for the placing of a plant protection product on the Norwegian market. The representative cannot hold an authorization. [↑](#footnote-ref-2)
3. If the signature is done by someone other than the applying company, a power of attorney confirming the right to sign the application on behalf of the applicant should be submitted. [↑](#footnote-ref-3)