



Health Canada  
Pest Management  
Regulatory Agency

Santé Canada  
Agence de réglementation  
de la lutte antiparasitaire

### Statement of Product Specification Form

- Please read the instructions
- Type or print clearly in black ink
- Leave shaded areas blank

O	
A Page _____ of _____	Date Received
B Registration #	Submission #

Precedent Reg #	
Form.	Version

C Product Name	D Formulation Type Code	E Formulation #	F Version #
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G Name of Registrant/Proposed Registrant	Row 0	H Name and address of site of Manufacture/ Formulation
Name		Address
Address		
I If the SPSF is confidential to a 3rd Party enter contact information:		
Name		
Address		
E-mail		
Phone	Fax	Select if multiple formulation sites (Multiple manufacturing sites require a separate SPSF)

J Specific Gravity/Density @ _____ °C	K Units	L Flash point (°C)	M Flame Extension (cm)	N Viscosity (mPa(s))	O pH
Lower	Upper				

### COMPONENTS

Row:	1 Trade Name	9 %w/w	10 Purpose	NACT
2 Common Name			11 % LCL    12 % Nominal    13 % UCL	LIST
3 Chemical Name			14A Label Guarantee	ACTIONS
ACT IN	4 Name	5 Reg #	14B Value    14C Units	ACT OUT
	Address	6 Purity	14D LCL    14E UCL	
	Multiple Suppliers? Yes:	7 CAS #	15 Other Info	
		8 List #		

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Sum of the %w/w:	
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Certification of Approving Official	Screened By:
"I certify that all the information contained within this form is true and complete."	
Printed Name _____ Signature _____ Date (YYYY-MM-DD) _____	Date _____ Reviewer _____
Telephone _____ Fax _____ E-Mail _____	Accepted by: _____ Date _____ Reviewer _____

Product Name:				Formulation #	Version #	Registration #	Page	of
Row:	<sup>1</sup> Trade Name	<sup>9</sup> %w/w  <sup>10</sup> Purpose <sup>11</sup> % LCL <sup>12</sup> % Nominal <sup>13</sup> % UCL <sup>14A</sup> Label Guarantee <hr/> <sup>14B</sup> Value <sup>14C</sup> Units <sup>14D</sup> LCL <sup>14E</sup> UCL <sup>15</sup> Other Info			NACT			
	<sup>2</sup> Common Name				LIST			
	<sup>3</sup> Chemical Name				ACTIONS			
ACT IN	<sup>4</sup> Name Address Multiple Suppliers? Yes:		<sup>5</sup> Reg #		ACT OUT			
		<sup>6</sup> Purity						
		<sup>7</sup> CAS #						
		<sup>8</sup> List #						
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**Alternate Formulating Sites / Alternate Formulant Suppliers**

Reference Page	Row		Reference Page	Row	
Name		Name			
Address		Address			
Reference Page		Reference Page		Row	
Name		Name			
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