APPLICATION FOR REGISTRATION OF FOOD SAFETY TESTING LABORATORY IN A COUNTRY

c.q. Director General of Indonesian Agricultural Quarantine Agency

H.E. Minister of Agriculture Republic of Indonesia

Organic Pollutants/POPs):

Pesticide Active Ingredients

To:

1. The details of food safety testing laboratory submitted to be registered No. Name of Laboratory Address& e-mail Scope of Accreditation 1	Her	ewith	we would like to inform	n:			
1 2 3 2. List of pesticide active ingredients used and licensed in origin country No. Pesticide Active Ingredients Agricultural Products	1. 7	Γhe de	etails of food safety test	ing labo	oratory subn	nitted to be registered	1:
1 2 3 2. List of pesticide active ingredients used and licensed in origin country No. Pesticide Active Ingredients Agricultural Products		No.	Name of Laboratory	Addre	ss& e-mail	Scope of Accreditate	ion
2. List of pesticide active ingredients used and licensed in origin country No. Pesticide Active Ingredients Agricultural Products		1	Ţ ,			•	
2. List of pesticide active ingredients used and licensed in origin country No. Pesticide Active Ingredients Agricultural Products		2					
List of pesticide active ingredients used and licensed in origin country No. Pesticide Active Ingredients		3					
No. Pesticide Active Ingredients Agricultural Products							
No. Pesticide Active Ingredients Agricultural Products							
	2. I	List of	pesticide active ingred	ients us	sed and licer	ised in origin country	/ :
		No.	Pesticide Active Ingre	dients	Agricu	ltural Products	
		1	8		8		
3		1 3					

4.	List of regulations	regarding	pesticides	or oth	er agricultural	chemicals (if
	available):					

3. List of active ingredients of banned pesticides (including Persistent

Year (banned)

- 5. List of Annexes (*Please provide all documents in English*):
 - a. Profile of NFSCA (Name of agency, address, organizational chart, contact person, function and resposibilities);
 - b. Profile of competent agency for food safety laboratory accreditation (Name of agency, address, organizational chart, *contact person*, function and resposibilities);
 - c. Profile of each laboratory (Name of laboratory, address, organizational chart, *contact person*, scope of analysis, copy of certificate of accreditation, method of analysis);
 - d. Official control of food safety laboratory by NFSCA.

Applicant,	
signature & stamp	

(.......Director of NFSCA......)

Date/Month/Year