# Information on your intended application

Please, send the form to kemi@kemi.se

|  |  |
| --- | --- |
| Applicant (include information of a contact person) and future authorisation holder, if different |  |
| Application type (UA, NA, SA, etc) |  |
| Product type(s) |  |
| Intended use(s) in mentioned product type(s) |  |
| Target organism(s) |  |
| Intended user categories | [ ]  Consumer | [ ]  Professional |
| Active substance(s) |  |
| The Commission’s decided date of approval for the active substance(s) |  |
| In case of a union authorisation, has a presubmission procedure taken place (UP-APP)? | ☐ Yes | ☐ No | ☐ Planned |
| In case of biocidal product family | Indicate no. of meta-SPCs | Indicate total no. of uses/products in the family |
|  |  |
| If you intend to apply in other countries via mutual recognition, please indicate no. of concern member states  |  |
| Intended date of submission of application |  |
| Do you intend to put the product on the Swedish market? |  |
| Indicate if the product(s) already exist on the Swedish market |  |

Information on our application fees for biocidal products is available on our website:

<https://www.kemi.se/en/pesticides-and-biocides/biocidal-products/apply-for-authorisation-for-biocidal-products/application-fees-for-biocidal-products>