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## INPUT REVIEW REQUEST

*Please complete this form for each off-farm input substance you plan to use, including any livestock products (e.g. vaccines, minerals, premixes, salt etc.) that has not already been reviewed by TCO Cert. Please obtain as much information as possible and provide copies to TCO Cert; these may be paper copies or electronic copies. Please do not just send the website link. Your cooperation will be much appreciated and will facilitate the review process.*

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Name & Operator # of Person Making the Request

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Date of Substance Request

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Full and Complete Name of Input Product	
Name of Manufacturer (or supplier). We need the contact information in order to get all the critical information.	
Manufacturer or Supplier Website	
Reason for Use	
I have submitted a copy of the label	<input type="checkbox"/> YES <input type="checkbox"/> NO
I have submitted a copy of the MSDS and or Specification Sheet	<input type="checkbox"/> YES <input type="checkbox"/> NO
I have submitted a complete ingredient list from the manufacturer ( <u>this is not the same as the guaranteed analysis or active ingredient list</u> )	<input type="checkbox"/> YES <input type="checkbox"/> NO
I have submitted a Non-GE statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
I have submitted a No Intentional Nano Technology statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
I have supplied the PMRA registration # and information (for pesticides only)	<input type="checkbox"/> YES <input type="checkbox"/> NO
I have submitted other supporting documentation necessary to determine compliance to the other sections of 32.310 par 1.4.1 (a - l) applicable to this input substance.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Comments:	