Instructions for completing the AS-EPA Notice of Intent (NOI) to import Pesticides and/or Devices

Anyone desiring to import Pesticides and/or Devices in American Samoa must complete and submit an NOI form to the American Samoa Environmental Protection Agency (AS-EPA) for its regulatory review and pre-approval. The Federal Insecticide, Fungicide, Rodenticide Act (FIFRA) defines a pesticide to include "any substance or mixture of substance intended for preventing, destroying, repelling, or mitigating any pest" and defines devices as "any instrument or contrivance that is intended for trapping, destroying, repelling or mitigating any pest."

Please following the table below for quick instructions on completing the NOI form and submitting process.

Information	Description					
Business Name	Name of the local business that's proposing to import the proposed pesticides and/or					
	devices. Non-business can skip this section.					
Address	Provide the local mailing address. If no mailing address, write "N/A".					
Business Phone	Provide the business phone number. Non-businesses can write their personal phone					
	number.					
E-mail Address	Provide the email address. If no email address, write "N/A".					
NO.	Number the pesticides or devices from 1, 2, 3, 4,etc. in a chronological order.					
Product Name	Provide the name of the pesticide or device that is stated on the product label.					
EPA Reg. No.	Provide the EPA Registration Number for the proposed pesticide product that is on the					
-	label. As for Devices , please skip this section, devices do not have EPA Registration No.					
EPA Est. No.	Provide the EPA Establishment Number for the proposed pesticides or devices that is					
	on the label.					
Unit Size	Provide the unit size of the proposed pesticides or devices that is on the label.					
Case or Box/Qty.	Provide the number of pesticides or devices proposed for importation by the number of					
	cases or boxes over the amount of each individual product.					
Pageof	Provide the number of NOI pages completed by the importer/agent. If the first NOI page is					
	full, and there is a need for additional proposed pesticides or devices, please download a					
	second NOI form and continue with providing the required information regarding the					
	proposed pesticides or devices. Skip the business name, address, phone & email section for					
	any additional NOI pages but the importer/agent must print, sign and date the last					
	completed NOI page.					
Print Name	Print the importer/agent first and last name.					
Signature	Provide the importer/agent signature.					
Date	Provide the date of completing this NOI form.					

PART I: TO BE COMPLETED BY THE BUSINESS OWNER/AGENT.

Part II: Submitting the NOI form to AS-EPA.

The NOI form(s) can be submitted either:

- 1. At the AS-EPA Office in Utulei.
- 2. By email at:
- Tualagi Gaoteote: <u>tualagi.gaoteote@epa.as.gov</u>

Upon submitting of the completed NOI form, AS-EPA will begin its regulatory review within 3 business days before returning the NOI form back to the responsible importer/agent.

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AMERICAN SAMOA ENVIRONMENTAL PROTECTION AGENCY

P.O. Box PPA, Pago Pago AS, 96799 Phone: 684-633-2304 Fax: 684-633-5801

NOTICE OF INTENT (NOI) FORM TO IMPORT

PESTICIDES AND/OR DEVICES

THE PURPOSE OF THE NOTICE OF INTENT (NOI) TO IMPORT PESTICIDES AND/OR DEVICES IS TO EVALUATE ITS COMPLIANCE WITH FEDERAL AND LOCAL PESTICIDE LAWS AND REGULATIONS. AS-EPA REQUIRES IMPORTERS OR AGENTS TO SUBMIT A COMPLETE NOI FORM FOR ITS REGULATORY REVIEW AND PRE-APPROVAL BEFORE SHIPMENT OF PESTICIDES AND/OR DEVICES.

BUSINESS NAME:______ADDRESS (P.O. BOX):_____

BUSINESS PHONE: _____E-Mail Address: _____

NO.	PRODUCT NAME	EPA REG. NO.		EPA EST. NO.		UNIT SIZE	CASE or BOX/QTY.			
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NOTE: IF ADDITIONAL SPACE IS NEEDED, PLEASE PRINT A COPY OF THIS FORM AND CONTINUE FILLING IN THE REQUIRED INFORMATION.										
PRINT NAME:			SIGNATURE:		DATE:					
TO BE COMPLETED BY AS-EPA										
This NOI (Serial Number):, is () Pre-Approved, () Pre-Approved with the exception of Block Number(s):OR () Denied										
Remarks (Optional):										
PRINT NAME:			SIGNATURE:		DATE:					