**Request for Finland to act as the reference/evaluating Member State Competent Authority**

Please send the form via secured mail  [https://turvaviesti.tukes.fi](https://turvaviesti.tukes.fi/). Insert [kirjaamo@tukes.fi](mailto:kirjaamo@tukes.fi) as recipient and include the word “biocides” in the subject field.

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| --- | --- | --- | --- | --- | --- | --- |
| Name and address of the applicant and the name of contact person |  | | | | | |
| Application type | UA | NA | | SA | | AS |
| Name of the biocidal product(s), if available |  | | | | | |
| Product type(s) |  | | | | | |
| Intended use(s) for the products (by product types) |  | | | | | |
| Intended user categories | Consumer | Professional | | Trained professional | | Industrial |
| Name and CAS-number of active substance(s), if applicable |  | | | | | |
| Date of approval for the active substance(s) in the product(s), if available |  | | | | | |
| Names of other substances of concern in the product(s) |  | | | | | |
| Is the use or composition of the product(s) the same as of the product evaluated in connection with the approval of the active substance? | Yes | | | No | | |
| In case of a union authorisation, has a pre-submission procedure taken place (UP-APP)? | Yes | | No | | Planned | |
| The application includes | A single product | | | Product family | | |
| Information on the biocidal product family | Number of meta-SPCs | | | Number of products in the family | | |
|  | | |  | | |
| Number of concerned Member States for mutual recognition |  | | | | | |
| Intended date of submission of application |  | | | | | |
| Do you intend to place the product(s) on the Finnish market? |  | | | | | |
| Indicate the names of the product(s) already on the Finnish market if any |  | | | | | |
| Do you have prior experience on submitting applications using R4BP3? | Yes | | | No | | |

Information on the fees is available on our website: [Fees | Finnish Safety and Chemicals Agency (Tukes)](https://tukes.fi/en/online-services/fees)