# Zespri Justified Approval Request Form

***The JA Process is designed to include new or unusual situations within the Zespri Crop Protection Standard, so that the requirements of GLOBALGAP and other customers can be maintained in such circumstances.***

| **Country** | **Date** | **KPIN/s** | **Orchard Name and Address** |
|---|---|---|---|
| | | | |

| **Name of person requesting JA** | **Contact Phone** | **Email Address** |
|---|---|---|
| | | |

| **Reason for request** | |
|---|---|
| | ☐ **Product not listed in CPP**<br>☐ **Product not being applied in accordance with CPP**<br>☐ **Grower trial**<br>☐ **Other** _____<br>_____ |

**Agrichemical to be applied**

| Agrichemical/ Product | Rate/100 L | Approximate spray volume | Proposed date of application(s) | Number of applications |
|---|---|---|---|---|
| | | | | |

**Area to be treated**

| Description (block and row details) | Approximate ha | Approximate fruit kg |
|---|---|---|
| | | |

**Conditions for the Approval (To be completed by Zespri)**

**Approval Granted (To be completed by Zespri)**

| Name | Date | Signature |
|---|---|---|
| | | |

Office Use Only

SD ☐ SP ☐ E ☐

In issuing this JA Zespri takes no responsibility for any damage or subsequent loss associated with the issuing of this JA.
Please return the completed Justified Approval Request Form to Spraydiary@zespri.com or fax to 07 574 8031.