ARKANSAS
STATE PLANT
BOARD

Darryl Little
Director

P.O. Box 1069 ■ Little Rock, Arkansas 72203
www.plantboard.org
Phone (501) 225-1598
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December 17, 2012

To whom it may concern:

Please find enclosed the Section 18 Specific Exemption for the use of HopGuard (hop beta acid) for control of the varroa mite, *Varroa destructor* in Arkansas honeybee colonies.

Also enclosed is the form to report Section 18 applications.

If you have any questions or need further information, please call me at 501-225-1598.

Sincerely,

Brandi Reynolds

Brandi Reynolds
Assistant Director
Pesticide Division

HOPGUARD™

For use only as authorized in Arkansas by the U.S. Environmental Protection Agency (EPA) under Section 18 of FIFRA.

Arkansas File Symbol:	**13-AR-02**
Active ingredient:	**Potassium Salt of Hop Beta Acids (HopGuard™)**
CROP / SITE:	**Honey Bees / All counties in the state of Arkansas**
PEST:	***Varroa destructor***
EFFECTIVE:	**January 1, 2013 to December 31, 2013**

- **These use directions must be in the possession of the user at the time of application. All applicable directions, restrictions, and precautions on the product label must be followed.**
- **A report of each application must be filed with the Plant Board within 10 days of the application.**
  Reports may be mailed to: Arkansas State Plant Board, PO Box 1069, Little Rock, AR 72203 or faxed to (501) 312-7053.
- **Any adverse effects resulting from the use of HopGuard™ under this emergency exemption must be immediately reported to the Arkansas State Plant Board at (501) 225-1598.**

PRECAUTIONARY STATEMENTS

Product may cause eye irritation – flood eyes with plenty of water if contact is made with eyes. Wearing protective eyewear when handling treated strips will reduce the potential for eye irritation. Avoid contact with skin, eyes or clothing. Wash thoroughly with soap and water after handling and before eating, drinking, chewing gum or smoking tobacco. Remove and wash contaminated clothing before reuse.

PERSONAL PROTECTIVE EQUIPMENT

Applicators must wear chemical-resistant gloves when handling treated strips.

DIRECTIONS FOR USE

Colony - Strips must be applied at the rate of one strip per five deep combs covered with bees in each brood super or for example two strips per ten frame brood super (chamber) when all combs are covered with bees. Strips are to be placed only in the brood chamber (not in the honey super). Folded strips must be opened and hung over one of the center brood frames near the middle of the frame with one-half of the strip on each side of the frame. If using a second strip, apply it to an adjacent center frame about four inches away from the first strip. Do not lay the strips on top of the frames. A maximum of six applications per year (twelve strips or approximately 23.04 grams of potassium salt of hop beta acids) per ten frame brood super (chamber) is allowed. Application timing (usually during spring, summer, and fall) should be based on levels of Varroa mite observed in the colony. Users may not take honey and wax from the brood chambers, only from the honey supers.

Package – Strips must be applied at the rate of three half strips per 2 lb. or 3 lb. package of adult bees. Cut strips in half and attach three half strips t the top of package so that the strips are hanging within the package. Place bees in the package after the strips are attached. The bees should remain in contact with the strips for at least 48 hours.

RESISTANCE MANAGEMENT

Using this product in rotation with another approved miticide with a different mode of action will decrease the potential for Varroa mites to develop resistance. If the strip remains in the hive more than 4 weeks remove.

Manufactured by: BetaTec Hop Products, Inc., A Division of John I. Haas, Inc., P.O. Box 1441, Yakima, WA 98907

REPORT OF SECTION 18 APPLICATION

Please ✓ the box for the chemical used: ◯ **HopGuard** ◯ **Apivar**

Pesticide:_____

Applicator's Name:_____

Applicator's Address:_____

Farmer's Name:_____

Farmer's Address:_____

Number of Hives Treated:_____

Strips or dose per Hive:_____

Location of Hives:_____

Date of Application:_____

Time of Application:_____

Reports must be submitted within **10 days of application.**
Mail reports to the Arkansas State Plant Board, P. O. Box 1069, Little Rock, AR 72203
or Fax to (501) 225-3590.