



United States
Environmental Protection Agency
Washington, DC 20460

Registration
Amendment
 Other

OPP Identifier Number

Application for Pesticide - Section I

| | | |
|---|---|---|
| 1. Company/Product Number 4-409 | 2. EPA Product Manager ha Rocca | 3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted |
| 4. Company/Product (Name) Bonide Eight Insect Control Dust | PM# 13 | |
| 5. Name and Address of Applicant (Include ZIP Code) Bonide Products, Inc. 6301 Sutliff Rd. Oriskany, NY 13424 <input type="checkbox"/> Check if this is a new address | 6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____ | |

Section - II

| | |
|--|--|
| <input type="checkbox"/> Amendment - Explain below. | <input checked="" type="checkbox"/> Final printed labels in response to Agency letter dated <u>12/3/98</u> |
| <input type="checkbox"/> Resubmission in response to Agency letter dated _____ | <input type="checkbox"/> "Me Too" Application. |
| <input checked="" type="checkbox"/> Notification - Explain below. | <input type="checkbox"/> Other - Explain below. |

NOTIFICATION

FEB 14 2002

Explanation: Use additional page(s) if necessary. (For section I and Section II.) Notification of: Optional Marketing Statement Controls over 55 listed insect pests.

This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the CSF of this product. Bonide Products, Inc. understands that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA and further understands that if this notification is not consistent with the terms of PR Notice 98-10 and 40 CFR 152.46, this product may be in violation of FIFRA and Bonide Products, Inc. may be subject to enforcement action and penalties under sections 17 and 14 of FIFRA.

Section - III

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|---|---|--|--|---|--|
| 1. Material This Product Will Be Packaged In: | | | | 2. Type of Container | |
| Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No | Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____ | | |
| * Certification must be submitted | | If "Yes" Unit Packaging wgt. No. per container | If "Yes" Package wgt. No. per container | | |
| 3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container | | 4. Size(s) Retail Container | | 5. Location of Label Directions <input type="checkbox"/> | |
| 6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled | | | <input type="checkbox"/> Other _____ | | |

Section - IV

| | | |
|--|----------------------------------|---|
| 1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.) | | |
| Name Cheryl L. Schultz | Title Registration Manager | Telephone No. (Include Area Code) 315-736-8231 |
| I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. | | 6. Date Application Received (Stamp) |
| 2. Signature Cheryl L. Schultz | 3. Title Registration Manager | |
| 4. Typed Name Cheryl L. Schultz | 5. Date 2/4/02 | |

