PM-13 Reg # 100-632 1 of 2

Please read instructions on reverse before completing form. Form Approved. OMB No. 2070-0060. Approval expires 05-31-98

EPA United States Environmental Protection Agency Washington, DC 20460

[ ] Registration [X] Amendment [ ] Other

OPP Identifier Number: 245649

Application for Pesticide - Section I

1. Company/Product Number	2. EPA Product Manager	3. Proposed Classification
100-632	LaRocca	[ ] None [ ] Restricted
4. Company/Product (Name)	**PM#**	
Technical Cyromazine	13	

5. Name and Address of Applicant *(Include ZIP Code)*
Ciba Crop Protection
Ciba-Geigy Corporation
Post Office Box 18300
Greensboro, NC 27419
[ ] *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

- [ ] Amendment - Explain below.
- [ ] Resubmission in response to Agency letter dated _____
- [X] Notification - Explain below.
- [ ] Final printed labels in response to Agency letter dated _____
- [ ] "Me Too" Application.
- [ ] Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Notification regarding revised label language for Technical Cyromazine submitted in response to previously approved changes for Trigard® Insecticide and Citation® Insecticide.

Section - III

1. Material This Product Will Be Packaged In:

Child-Resistant Packaging	Unit Packaging	Water Soluble Packaging	2. Type of Container
[ ] Yes* [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Metal [ ] Plastic [ ] Glass [ ] Paper [ ] 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	4. Size(s) Retail Container	5. Location of Label Directions
[ ] Label [ ] Container		[ ] On Label [ ] On Labeling accompanying product

6. Manner in Which Label is Affixed to Product [ ] Lithograph [ ] Paper glued [ ] Stenciled [ ] Other _____

Section - IV

1. Contact Point *(Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)*

Name	Title	Telephone No. (Include Area Code)
Gregory T. Peters, Ph.D.	Senior Regulatory Manager	910 - 632-2366

Certification

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 (Stamped)

2. Signature	3. Title
Greg Peters	Senior Regulatory Manager
4. Typed Name	**5. Date**
Gregory T. Peters, Ph.D.	January 31, 1996

EPA Form 6570-1 (Rev. 8-94) Previous editions are obsolete. White - EPA File Copy (original) Yellow - Applicant Copy