PM 21 100-772 1042

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 [ ] Amendment [X] Other

OPP Identifier Number: 250086

Application for Pesticide - Section I

1. Company/Product Number	2. EPA Product Manager	3. Proposed Classification
100-772	Connie Welch	[ ] None [ ] Restricted
4. Company/Product (Name) Banner MAXX MG	PM# 21	

5. Name and Address of Applicant *(Include ZIP Code)*
Ciba Crop Protection
Ciba-Geigy Corporation
P O 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 _____
[ ] Notification - Explain below.
[ ] Final printed labels in response to Agency letter dated _____
[ ] "Me Too" Application.
[ ] Other - Explain below.

NOTIFICATION APR 24 1996

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

Notification of the Alternate Brand Name "Banner MAXX MG" for PPZ 14.3 % MG

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)
Charles A. S. Pearson	Senior Regulatory Manager	(910) 632-7734

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.

2. Signature	3. Title	6. Date Application Received (Stamped)
Charles A. S. Pearson	Senior Regulatory Manager	
4. Typed Name Charles A. S. Pearson	**5. Date** 4/12/96	

EPA Form 8570-1 (Rev. 8-94) Previous editions are obsolete. White - EPA File Copy (original) Yellow - Applicant Copy