

PM 14 241-314

1 of 4

Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060. Approval expires 2-28-95



United States  
Environmental Protection Agency  
Washington, DC 20460

Registration  
 Amendment  
 Other

OPP Identifier Number  
225443

Application for Pesticide - Section I

1. Company/Product Number 241-314	2. EPA Product Manager R. Forrest	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) COUNTER® CR™ systemic insecticide nematocide	PM# 14	
5. Name and Address of Applicant (Include ZIP Code) American Cyanamid Company Agricultural Research Center P.O. Box 400 Princeton, NJ 08543-0400 <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 type="checkbox"/> Final printed labels in response to Agency letter dated _____	<b>NOTIFICATION</b> MAR 24 1996
<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.	

Explanation: Use additional page(s) if necessary. (For section I and Section II.)  
Notification of deletion of an advisory statement on the COUNTER CR label as per PR 92-5.

Section - III

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	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 <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
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 John J. Wrubel	Title Product Registrations Manager	Telephone No. (Include Area Code) 609-716-2373
<b>Certification</b> 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 Product Registrations Manager	
4. Typed Name John J. Wrubel	5. Date 3/1/96	



# Supplemental Labeling

## RESTRICTED USE PESTICIDE

Due to acute oral and dermal toxicity

For retail sale to, and use only by Certified Applicators or persons under the direct supervision of a Certified Applicator, and only for those uses covered by the Certified Applicator's certification.

EPA Reg. No. 241-314

### FOR USE OF BEACON HERBICIDE IN FIELD CORN (excluding Field Corn Grown For Seed) IN THE STATES OF NEBRASKA, KANSAS, COLORADO, WYOMING AND SOUTH DAKOTA ONLY.

#### DIRECTIONS FOR USE BEFORE USING, READ PRECAUTIONARY STATEMENTS ON BAG

It is a violation of Federal law to use this product in a manner inconsistent with its labeling. COUNTER CR should be applied with a granular pesticide applicator properly calibrated to assure placement and proper dosage. See label for specific instructions.

Cover granules that may be exposed on the ends of the treated rows and turns and loading areas by deep disking immediately after treating fields.

Crops	Pests Controlled	Rate of COUNTER CR	Application	Remarks
FIELD CORN	Corn rootworms	Banded	Banded	If application is made at planting, do not make postemergence or cultivation time treatments of COUNTER CR.
	Wireworms			
At Planting	White grubs	6 oz. per 1,000 ft. of row for any row spacing. Do not exceed 6.5 pounds of per acre.	Place granules in a 7-inch band over the row, in front of or behind the presswheel and lightly incorporate.	<p><b>For Field Corn Only:</b> (Excluding Field Corn Grown for Seed)</p> <p>It is American Cyanamid Company's recommendation that Beacon* herbicide may be applied after banded applications of COUNTER CR.</p>
	Seedcorn maggots			
	Seedcorn beetles			
	Corn flea beetles			
	Maize billbugs			
	Southern corn billbugs			
	Thrips			
	Symphylans			
	<b>Nematodes:</b>			
	Lance			
	Lesion			
	Root knot			
	Spiral			
	Stunt			
Sting				
Stubby root				
Dagger				
<b>Suppression of:</b>				
Cutworms				
Lesser cornstalk borers				



© Registered trademark of the American Cyanamid Company  
\* Beacon is a registered trademark of Ciba Geigy Corporation  
PE 7/194 SD

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4. Company/Product (Name) COUNTER® CR™ systemic insecticide nematocide	PM# 14	
5. Name and Address of Applicant (Include ZIP Code) American Cyanamid Company Agricultural Research Center P.O. Box 400 Princeton, NJ 08543-0400 <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 type="checkbox"/> Final printed labels in response to Agency letter dated _____	<b>NOTIFICATION</b> MAR 24 1996
<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.	

Explanation: Use additional page(s) if necessary. (For section I and Section II.)  
Notification of adding an advisory statement regarding the use of Broadstrike Plus herbicide following an application of COUNTER CR as per PR 92-5.

Section - III

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	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 <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
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 John J. Wrubel	Title Product Registrations Manager	Telephone No. (Include Area Code) 609-716-2378
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 <i>John J. Wrubel</i>	3. Title Product Registrations Manager	
4. Typed Name John J. Wrubel	5. Date 3/1/96	



# Supplemental Labeling

## RESTRICTED USE PESTICIDE

Due to acute oral and dermal toxicity  
 For retail sale to, and use only by Certified Applicators or persons under the direct supervision of a Certified Applicator, and only for those uses covered by the Certified Applicator's certification.

EPA Reg. No. 241-314

### FOR USE OF BROADSTRIKE<sup>1</sup> PLUS (OR FLUMETSULAM CONTAINING PRODUCTS) IN FIELD CORN (excluding Field Corn Grown For Seed)

#### DIRECTIONS FOR USE BEFORE USING, READ PRECAUTIONARY STATEMENTS ON BAG

It is a violation of Federal law to use this product in a manner inconsistent with its labeling. COUNTER CR should be applied with a granular pesticide applicator properly calibrated to assure placement and proper dosage. See label for specific instructions.

Cover granules that may be exposed on the ends of the treated rows and turns and loading areas by deep disking immediately after treating fields.

Crops	Pests Controlled	Rate of COUNTER CR	Application	Remarks
FIELD CORN	Corn rootworms Wireworms White grubs	Banded	Banded	If application is made at planting, do not make postemergence or cultivation time treatments of COUNTER CR.
At Planting	Seedcorn maggots Seedcorn beetles Corn flea beetles Maize billbugs Southern corn billbugs Thrips Symphylans Nematodes: Lance Lesion Root knot Spiral Stunt Sting Stubby root Dagger Suppression of: Cutworms Lesser cornstalk borers	6 oz. per 1,000 ft. of row for any row spacing. Do not exceed 6.5 pounds of per acre.	Place granules in a 7-inch band over the row, in front of or behind the presswheel and lightly incorporate.	

**For Field Corn Only:**  
 (Excluding Field Corn Grown for Seed)

It is American Cyanamid Company's recommendation that Broadstrike Plus (or flumetsulam containing products) may be applied before or after banded applications of COUNTER CR.



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<sup>1</sup> Broadstrike Plus is a trademark of Dow/Elanco Company  
 PE 2/96 SD

Agricultural Products Division  
 Crop Protection Chemicals Department  
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