

PM 14 241-314

10/2

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

<input type="checkbox"/>	Registration
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Other

OPP Identifier Number
225450

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 nematicide	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 _____	NOTIFICATION APR 18 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 a pest to the label as per PR Notice 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	<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"/> 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 	3. Title Product Registrations Manager	
4. Typed Name John J. Wrubel	5. Date 3/7/94	



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

DIRECTIONS FOR USE OF COUNTER CR TO CONTROL CROWN BORER IN SUGAR BEETS

DIRECTIONS FOR USE

BEFORE USING, READ PRECAUTIONARY STATEMENTS ON CONTAINER LABEL

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, turns and loading areas by deep discing immediately after rearing fields.

THIS LABEL MUST BE IN THE POSSESSION OF THE USER AT THE TIME OF PESTICIDE APPLICATION.

Crops	Pests Controlled	Rates of COUNTER CR	Application	Remarks
SUGAR BEETS At Planting	Crown borer	Modified in-furrow or Banded 6 oz. per 1,000 ft. of row for any row spacing (minimum 20-inch row spacing).	Modified In-furrow Apply in-furrow at planting time 2-3 inches behind the seed drop zone after some soil has covered the seed.	Only one application of COUNTER CR per year may be made. At Planting Do not place granules in direct contact with the seed as crop injury may occur. Power incorporation may be used. Do not incorporate deeper than 2 inches.
SUGAR BEETS Post-emergence	Crown borer	Banded 6 oz. per 1,000 ft. of row for any row spacing (minimum 20-inch row spacing).	Banded Apply in a 5 to 7-inch band over the row and lightly incorporate into soil.	Postemergence Apply COUNTER CR at the first sign of crown borer infestation.



© Trademarks of the American Cyanamid Company

PE

2/96 SD

Wayne, NJ 07470 © 1996

