

292

DETAIL®
herbicide

Supplemental Labeling

EPA Reg. No. 241-361

FOR USE IN SOYBEANS
THIS LABEL EXPIRES APRIL 30, 1997

DETAIL followed by Classic¹ for Sicklepod Control in Soybeans

OBSERVE ALL PRECAUTIONARY STATEMENTS AND LIMITATIONS IN THE DETAIL LABEL BEFORE USING. SEE THE DETAIL LABEL FOR PRECAUTIONS, WORKER PROTECTION STANDARD REQUIREMENTS, APPLICATION INFORMATION AND USES WITH OTHER PRODUCTS.

DIRECTIONS FOR USE

It is a violation of Federal law to use this product in a manner inconsistent with its labeling. **DO NOT** apply this product through any type of irrigation system. This label must be in the possession of the user at the time of herbicide application.

A single early preplant, preplant incorporated, or preemergence application of DETAIL may be made at the 2 pint per acre rate. For heavy sicklepod infestations Classic may be applied postemergence at ½ to ¾ ounces per acre following a soil application of DETAIL. Apply the higher rate of Classic if sicklepod seedlings are taller than 2 inches. A cultivation 14 days after Classic application may be required to control sicklepod escapes. DETAIL followed by Classic sequential program may be used only in Use Region 1 (except Oklahoma), Virginia and Kentucky.

ROTATIONAL CROP RESTRICTIONS

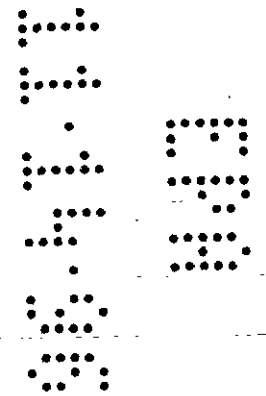
Soybeans may be planted anytime. Field Corn may be planted 9½ months after the last herbicide application. Barley, edible beans, grain sorghum, oats, peanuts, rice, tobacco, and wheat may be planted 15 months after the last herbicide application. Cotton may be planted 18 months after the last herbicide application. Refer to rotational crop restrictions listed in the Classic label. Always follow the more restrictive label.

Consult the DETAIL label for spraying and application information, weeds controlled, and use rates. When tank mixing, always follow the more restrictive label.

Use of DETAIL herbicide in accordance with label directions is expected to result in normal growth of rotational crops in most situations; however, various environmental and agronomic factors make it impossible to eliminate all risk associated with the use of DETAIL and, therefore, rotational crop injury is always possible.




® Registered Trademark of American Cyanamid Company
¹ Registered trademark of E. I. du Pont de Nemours and Company
PE-41037 Rev. 1 9/6/96 SD



Please read Instructions on reverse before completing form.

Form Approved: OMB No. 2070-0060. Approval expires 11-30-93

(A) 	United States Environmental Protection Agency Office of Pesticide Programs (H7505C) Washington, DC 20460	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number 208061
	Application for Pesticide:		
	Section I		

1. Company/Product Number 241-361	2. EPA Product Manager R. Taylor	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) DETAIL® herbicide	PM# 25	
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 _____
<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.

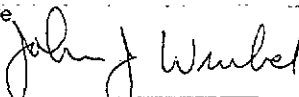
Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Notification as per PR Notice 95-2 to **NOTIFICATION** the self-imposed expiration date on a supplemental label.

6/15

Section III			
1. Material This Product Will Be Packaged In:			
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	2. Type of Container <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 Package 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) of 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 11/11/96	