

(A)

EPA

United States Environmental Protection Agency
Office of Pesticide Programs (H7505C)
Washington, DC 20460

Registration
 Amendment
 Other

OPP Identifier Number
248172

Application for Pesticide:

Section I

1. Company/Product Number 270-103	2. EPA Product Manager P. Hutton	3. Proposed Classification X None <input type="checkbox"/> Restricted
4. Company/Product (Name) Farnam SWAT Fly Repellent Ointment	PM# 17/63	
5. Name and Address of Applicant (Include ZIP Code) Farnam Companies, Inc. 301 W. Osborn Rd. Phoenix, AZ 85013 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRT Section 30(3) (b)(I), my product is similar or identical to _____ and labeling to: NOTIFICATION OCT 26 1997 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.

Explanation: Use additional page(s) if necessary. (For Section I and Section II.)
 "Notification of label change per PR Notice 96-6. This notification is consistent with the provisions of PR Notice 96-6 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 96-6 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA."
 ADDITIONAL LANGUAGE IS HIGHLIGHTED ON ATTACHED LABEL

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
certification must be submitted.	If "Yes," Unit Package wgt.	No. per container	If "Yes," Package wgt.	No. per container	<input type="checkbox"/> Glass
					<input type="checkbox"/> Paper
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			Other (____)		

Section IV

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

Name Tracy A. Hesp	Title Regulatory Specialist	Telephone No. (Include Area Code) 602-207-2107
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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 Regulatory Specialist	6. Date Application Received (Stamped)
4. Typed Name Tracy A. Hesp	5. Date 10/17/97	

