

**EPA**

United States  
**Environmental Protection Agency**  
Washington, DC 20460

Registration  
 Amendment  
 Other

OPP Identifier Number

**Application for Pesticide - Section I**

1. Company/Product Number 305-42	2. EPA Product Manager Richard Keigwin, Jr.	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) B-10	PM# 10	
5. Name and Address of Applicant (Include ZIP Code) Wisconsin Pharnacal Company, Inc. 1 Repel Road Jackson, WI 53037  <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.)

Additional Brand Name: Repel Insect Repellent for Kids

**NOTIFICATION**  
JUN 6 1996

**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 Packaging wgt.	No. per container	If "Yes" Unit Packaging wgt.	<input type="checkbox"/> Glass	<input type="checkbox"/> Paper
				<input type="checkbox"/> Other (Specify) _____	
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retain 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"/> Other _____ <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled					

**Section - IV**

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

Name Jean Killoren	Title Regulatory Coordinator	Telephone No. (Include Area Code) 800-558-6614
<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 (Stamp) MAY 29 11:06 RECD EPA/OPP/DDP01
2. Signature 	3. Title Regulatory Coordinator	
4. Typed Name Jean Killoren	5. Date 5/10/96	

Front

Repel Insect Repellent for Kids - labeling

Repel Insect Repellent for Kids

IPF 10

Repels Mosquitoes, Ticks,  
Gnats, Chiggers and Biting Flies.

Active Ingredients:

N,N-diethyl-m-toluamide	9.5%
other isomers	0.5%
Inert Ingredients:	90.0%

Keep Out of Reach of Children  
CAUTION - See back statements

NET WT \_\_\_\_\_ OZ. ( \_\_\_\_\_ g)

Back

**DIRECTIONS FOR USE**

It is a violation of federal law to use this product inconsistent with its labeling.  
**Before using this product read all directions.**

To repel insects rub on exposed skin areas. Use just enough repellent to cover exposed skin. Do not use under clothing. Repeat as needed. Frequent reapplication and saturation is unnecessary for effectiveness. Avoid overexposure. Wipe hands after use. After returning indoors, wash treated skin with soap and water. Avoid contact with plastics, acetate, spandex and nylon.

**PRECAUTIONARY STATEMENTS:**

**HAZARDS TO HUMANS - CAUTION:** Do not apply to eyes and mouth. Do not apply to the hands of young children. May cause eye injury. In case of eye contact, flush with water and get medical attention. Harmful if swallowed. Do not apply over cuts, wounds, sunburned, or irritated skin. Use of this product may cause skin reactions in rare cases. If you suspect a skin reaction to this product, wash treated skin and get medical attention.

**DISPOSAL:** Wrap empty container and dispose of in trash receptacle.

Wisconsin Pharmal Company, Inc.  
Jackson, WI 53037  
EPA Est. 305-W1-1  
EPA Reg. No. 305-42

- Other Repel Insect Block products available are IPF 7, 18, 20, 27 and 29.
- 10% DEET