

Please read instructions on reverse before completing form. Form Approved. OMB No. 2070-0060. Approval expires 05-31-98



United States
Environmental Protection Agency
 Washington, DC 20460

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

OPP Identifier Number:
242947

Application for Pesticide - Section I

1. Company/Product Number 334/568	2. EPA Product Manager D. Edwards	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Hysan/Mash Ant & Roach Crawling Insect Killer	PM# 12	
5. Name and Address of Applicant (Include ZIP Code) Hysan Corporation 3000 W. 139th Street Blue Island, IL 60406 <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.

NOTIFICATION

APR 18 1996

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

Notification to add: "Water Based Formula" to EPA accepted label.
 Notification of use of an additional brand name: "Mash Ant & Roach Crawling Insect Killer- Unscented"

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 Keith W. Bunselmeyer	Title Vice President Technical Prod	Telephone No. (Include Area Code) 708/597-7770
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 Vice President Technical Products	
4. Typed Name Keith W. Bunselmeyer	5. Date 3-21-96	