 United States Environmental Protection Agency Washington, DC 20460	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number 258931
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Application for Pesticide - Section I

1. Company/Product Number 498-148	2. EPA Product Manager Mr. Marion Johnson	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) SprayPak Insect Repellent	PM# 10	
5. Name and Address of Applicant (Include ZIP Code) Chase Products Co. Putting the best at your fingertips. P.O. Box 70 Maywood, IL 60153 <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"/> Resubmission in response to Agency letter dated _____ <input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other - Explain below.
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NOTIFICATION
MAY 13 2002

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

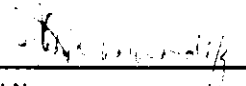
NOTIFICATION: To change the Disposal Instructions according to PR Notice 2001-6.

"Notification of label change relative to PR Notice 2001-6. This notification is consistent with the guidance in PR Notice 2001-6 and the requirements of EPA's regulations at 40 CFR 156.10 and 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 guidance of PR Notice 2001-6 and the requirements of 40 CFR 156.10 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."

Section - III

1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Type of Container <input checked="" 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 checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 6, 7, 11, 12, 13, 14, 15, 16, 17, 18, 20, 22, 24 OZ	5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product
6. Manner in Which Label is Affixed to Product <input checked="" 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 Aludia B. Hernandez	Title Technical & Regulatory Compliance Manager	Telephone No. (Include Area Code) 708-865-1000	
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 Technical & Regulatory Compliance Manager		
4. Typed Name Aludia B. Hernandez	5. Date May 02, 2002		

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FRONT PANEL

(SPRAYPAK LOGO)

NOTIFICATION

INSECT
REPELLENT

MAY 13 2002

Repels mosquitoes, chiggers, ticks, deerflies, stable flies, blackflies, gnats and fleas on exposed skin surfaces.

ACTIVE INGREDIENTS:

n,n-Diethyl-m-toluamide (DEET).....	23.75%
Other isomers	1.25%
n-Octyl bicycloheptene dicarboximide	5.00%
Di-n-Propyl isocinchomeronate	2.50%
OTHER INGREDIENTS:	67.50%
Total	100.00%

EPA Reg. No. 498-148-XXXX

EPA Est. No. 498-IL-1

NET WT. XX OZ. (X LB. XX OZ.) XXX g

[OPTIONAL NO-CFCs GRAPHIC]

**KEEP OUT OF REACH OF CHILDREN
CAUTION**

See back panel for additional precautionary statements.

BACK PANEL

READ AND FOLLOW ALL DIRECTIONS AND PRECAUTIONS ON THIS PRODUCT LABEL

**PRECAUTIONARY STATEMENTS
HAZARDS TO HUMANS AND DOMESTIC ANIMALS
CAUTION**

Harmful if swallowed. Instruct older children in the proper use of this product. Do not spray on face, lips or into eyes. In case of contact with eyes, flush with water.

FIRST AID

IF IN EYES: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. Call a poison control center or doctor for treatment advice.

IF SWALLOWED: Call a poison control center or doctor immediately for treatment advice. Have person sip a glass of water if able to swallow. Do not induce vomiting unless told to do so by the poison control center or doctor. Do not give anything by mouth to an unconscious person.

HOT LINE NUMBER

Have the product container or label with you when calling a poison control center or doctor, or going for treatment. You may contact 1-800-255-3924 for emergency information.

PHYSICAL OR CHEMICAL HAZARDS

FLAMMABLE: Contents under pressure. Keep away from heat, sparks, and open flame. Do not puncture or incinerate container. Exposure to temperatures above 130°F may cause bursting.

DIRECTIONS FOR USE

It is a violation of Federal law to use this product in a manner inconsistent with its labeling.

READ ALL DIRECTIONS BEFORE USING THIS PRODUCT

To repel the listed insects, apply just enough repellent to cover exposed skin and/or clothing. Do not use under clothing. Avoid overexposure. Frequent reapplication and saturation is unnecessary for effectiveness. Do not spray directly on face. Apply sparingly around ears. Do not apply to children's hands. Do not allow children to handle this product. When using on children, apply to your own hands and then put it on the child. **Do not apply over cuts, wounds or irritated skin.** Repeat as needed. For ticks and chiggers, also apply to shoe tops, socks and around openings in clothing. After returning indoors, wash treated skin with soap and water. Wash treated clothing before wearing it again. Use of

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this product may cause skin reactions in rare cases. If you suspect that you or your child is reacting to this product, discontinue use, wash treated skin and call your local poison control center. If you go to a doctor, take this product with you.

Avoid contact with plastics, such as eyeglass frames, and such fabric as acetate rayon.

Do not spray in enclosed areas.

STORAGE AND DISPOSAL

STORAGE: Store in a cool, dry place away from heat or open flame. Do not contaminate water, food or feed by the use, storage or disposal of this product.

DISPOSAL: Do not puncture or Incinerate!

If empty: Place in trash or offer for recycling if available.

If partly filled: Call your local solid waste agency or 1-800-CLEANUP for disposal instructions.

THE USER OF THIS PRODUCT ASSUMES ALL RISKS OF USE, STORAGE AND HANDLING NOT IN ACCORDANCE WITH ITS DIRECTIONS AND CAUTIONS.

CHASE PRODUCTS CO.
Putting the best at your fingertips
P.O. Box 70 _ Maywood, IL 60153

S:\lara\epa\pending\498-148 with new disposal statements

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BOTTOM OF LABEL
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