

550-201

07-13-2011

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460

JUN 13 2011

OFFICE OF  
PREVENTION, PESTICIDES  
AND TOXIC SUBSTANCES

Karina Gilje  
Regulatory Manager  
Univar USA Inc.  
17425 NE Union Hill Road  
Redmond, WA 98052

Subject: **LIQUICHLOR® 12.5% MUP**  
EPA Registration No.550-201  
Application Date: May 31, 2011  
Receipt Date: May 31, 2011

Dear Ms. Gilje,:

This acknowledges receipt of your Notification submitted under the provision of PR Notice 98-10, and FIFRA section 3(c) 9.

**Proposed Notification:**

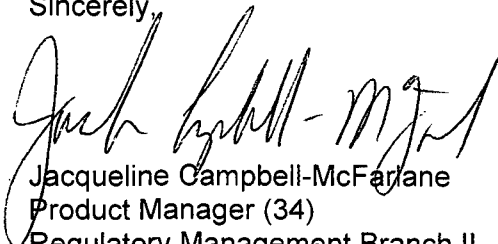
Registrant is adding Department of Transportation (DOT) Diamond and Shipping Description with Emergency Information to label.

**General Comment:**

Based upon a review of the material submitted, the notification to add DOT Diamond and Shipping Description with Emergency Information is acceptable and apart of the records on file.

Should you have any questions or comments concerning this letter, you may contact me by telephone at (703) 308-6416 or by e-mail at [Campbell-McFarlane.Jacqueline@epa.gov](mailto:Campbell-McFarlane.Jacqueline@epa.gov) or Glen McLeod by telephone at (703) 347-0181 or by e-mail at [mcleod.glen@epa.gov](mailto:mcleod.glen@epa.gov). When submitting information or data in response to this letter, a copy of this letter should accompany the submission to facilitate processing.

Sincerely,

  
Jacqueline Campbell-McFarlane  
Product Manager (34)  
Regulatory Management Branch II  
Antimicrobials Division (7510P)

Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0060

Print Form



United States  
Environmental Protection Agency  
Washington, DC 20460

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

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number Univar USA Inc. / 550-201	2. EPA Product Manager Wanda Mitchel	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Liquichlor 12.5% MUP	PM# 32	
5. Name and Address of Applicant (Include ZIP Code) Univar USA Inc. 17425 NE Union Hill Road Redmond, WA 98052 <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: <input checked="" type="checkbox"/> 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 to add Non-FIFRA elements per PR Notice 98-10. To add DOT Diamond & Shipping Description; NFPA Ratings; Emergency Phone number; In case of Fire and Spill information. See attached Notification Certification Statement.

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	Metal Plastic Glass Paper 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 Karina Gilje	Title Regulatory Manager	Telephone No. (Include Area Code) 425-889-3496
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 <i>Shawn Carter Lilley</i>	3. Title Sr. Director - EH&S	
4. Typed Name Shawn Carter Lilley	5. Date May 31, 2011	

Regarding: Liquichlor 12.5% MUP  
Notification dated 5/31/11.

**Notification Certification Statement**

This notification is consistent with the guidance in PR Notice 98-10 and the requirements of EPA's regulations at 40 CFR 156.46, and no other changes have been made to the labeling or the Confidential Statement of Formula for 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 the amended label is not consistent with the terms of PR Notice 98-10 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under section 12 and 14 of FIFRA.

*Shawn Carter Lilley*

Shawn Carter Lilley  
Senior Director – Environmental, Health & Safety

