

Please read instructions on reverse side before completing form.

Form Approved. OMB No. 2070-0060. Approval expires 05-31-98



United States  
Environmental Protection Agency  
Washington, DC 20460

- Registration
- Amendment
- Other

OPP Identifier Number

**Application for Pesticide – Section 1**

1. Company/Product Number <b>Avon/806-21</b>		2. EPA Product Manager <b>J. Downing</b>	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Avon Skin-So-Soft SSS Bug Guard Plus IR3535® Expedition™ Insect Repellent		PM# <b>90</b>	
5. Name And Address Of Applicant (Include ZIP Code) Avon Products, Inc. 1251 Avenue of the Americas New York, NY 10020 <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: <b>NOTIFICATION</b> EPA Reg. No. _____ Product Name _____ Date Reviewed: <u>7/31/03</u> Reviewed By: <u>[Signature]</u>	

**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 a change in the brand name to "Avon Skin-So-Soft SSS Bug Guard Plus IR3535® Expedition™ Insect Repellent Spray" in order to distinguish this product from other products in the Expedition™ Strength line.

This notification is consistent with the provisions of PR Notice 98-10 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 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 sections 12 and 14 of FIFRA.

**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				<input type="checkbox"/> Glass	<input type="checkbox"/> Paper
If "Yes" Unit Packaging wgt.	No. per Container	If "Yes" Unit Packaging wgt.	No. per Container	<input type="checkbox"/> Other (Specify) _____	
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"/> Lithographed <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 <b>Alan C. Katz</b>		Title Avon Authorized Representative (ToXcel, LLC)		Telephone No. (Include Area Code) (703) 335-5670	
<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 
2. Signature 		3. Title Avon Authorized Representative (ToXcel, LLC)			
4. Typed Name <b>Alan C. Katz</b>		5. Date <b>21 Apr 2003</b>			

FRONT OF BOTTLE:

AVON  
SKIN-SO-SOFT  
S  
S  
S  
BUG GUARD PLUS  
IR3535®  
EXPEDITION™  
INSECT REPELLENT  
SPRAY

**NOTIFICATION**  
Date Reviewed: 7/31/03  
Reviewed By: M. Townsend

UNSCENTED

([WITH] VITAMIN E & ALOE)

(REPELS MOSQUITOES FOR 8 HOURS)

(REPELS DEER TICKS FOR 6 HOURS)

KEEP OUT OF REACH OF CHILDREN  
WARNING

ACTIVE INGREDIENTS:

beta-alanine, n-acetyl-N-butyl-, ethyl ester\*/carboxylic acid 15.0%

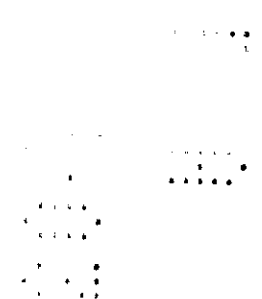
OTHER INGREDIENTS: 85.0%

TOTAL: 100.0%

\*IR3535®

4 FL. OZ. (118 ml)

[2 FL. OZ. (59 ml)]



Avon Skin-So-Soft SSS Bug Guard Plus IR3535® Expedition™ Insect Repellent Spray

BACK OF BOTTLE:  
UNSCENTED

REPELLENCY – IR3535® provides effective and long-lasting protection from mosquitoes, deer ticks, black flies, gnats, no-seeums, sand flies and biting midges.

SUITABLE FOR THE ENTIRE FAMILY – Unscented. Gentle formula does not need to be washed off when returning from the outdoors. Dermatologist tested. Hypoallergenic.

DIRECTIONS FOR USE: It is a violation of Federal law to use this product in a manner inconsistent with its labeling. Apply evenly before sun and insect exposure. TO APPLY TO FACE: Spray palm of hand and rub on. An adult must apply this product to children under 10. FOR CONTINUED PROTECTION from mosquitoes, gnats, no-seeums, sand flies and biting midges reapply after 8 hours. For continued protection from deer ticks reapply after 6 hours and from black flies reapply after 5 hours. Do not exceed 4 applications per day.

STORAGE: Store in cool, dry place in tightly closed container.

DISPOSAL: **If empty:** Do not reuse this container. 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.

PRECAUTIONARY STATEMENTS: Hazards to Humans.

Warning: For external use only. Causes substantial but temporary eye injury. Do not get in eyes. Do not spray on face. Discontinue use and consult a doctor if irritation or rash occurs. Ask a doctor before using on children under 6 months of age.

FIRST AID	
If in eyes:	<ul style="list-style-type: none"> <li>• Hold eye open and rinse slowly and gently with water for 15 – 20 minutes.</li> <li>• Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye.</li> <li>• Call a poison control center or doctor for treatment advice.</li> </ul>
Have the product container or label with you when calling a poison control center or doctor, or going for treatment.	

PHYSICAL HAZARDS:

FLAMMABLE. KEEP AWAY FROM HEAT OR OPEN FLAME.

AVOID CONTACT WITH PLASTICS, COSTUME JEWELRY, LEATHER AND SYNTHETIC FIBERS. MAY DAMAGE PAINTED OR VARNISHED SURFACES, INCLUDING NAIL POLISH.

To order, see an Avon Representative, or call  
1-800-FOR-AVON. [www.avon.com](http://www.avon.com)  
IR3535® is a registered trademark of Merck KGaA.  
Not for sale or use after expiration date.  
EPA Reg. No. 806-21 EPA Est. No. 806-OH-001  
Patent Pending  
AVON PRODUCTS, INC., DISTR.  
1251 AVE. OF THE AMERICAS, NY, NY 10020  
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Bottom of Package:  
Julian Day Lot Code Number  
Exp. Month/ Year

