



United States
 Environmental Protection Agency
 Washington, DC 20460

Registration
 Amendment
 Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 1007-90	2. EPA Product Manager G. LaRocca	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Dursect Livestock Pour-On	PM# 13	
5. Name and Address of Applicant (Include ZIP Code) Pfizer Inc. dba Pfizer Animal Health 601 West Cornhusker Highway Lincoln, NE 68521 <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: NOTIFICATION EPA Reg. No. _____ NOV 9 2000 Product Name _____	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input checked="" type="checkbox"/> Resubmission in response to Agency letter dated 10/16/00	<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.)
 Revise present label statement "For optimum lice control, a double treatment at 14 day intervals is recommended." in order to avoid confusion concerning "double treatment", to be "For optimum lice control, additional treatments at 14 day intervals may be necessary." The basis for this action as a notification is PR Notice 95-2 (II.A.4).

please see attached statement p. 2

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 <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"/>		
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph Paper glued 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 John B. Baker	Title Associate Director, Regulatory Compliance	Telephone No. (include Area Code) (402) 441-2385
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>John B Baker</i>	3. Title Associate Director, Regulatory Compliance	
4. Typed Name John B. Baker	5. Date 11/1/00	

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North America Region
Animal Health Group
Pfizer Inc
601 West Cornhusker Highway
Lincoln, NE 68521



Animal Health

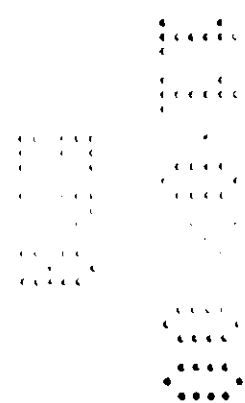
November 1, 2000
Notification, EPA Reg. No. 1007-90
Pfizer Inc

Page 2, Section II

To Whom It May Concern:

This notification is consistent with 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.

John B. Baker
Associate Director, Regulatory Compliance
Pfizer Inc., Animal Health Division



Precautionary Statements

Hazards to Humans and Domestic Animals

CAUTION

Harmful if absorbed through skin. Avoid contact with eyes, skin or clothing. Wash thoroughly with soap and water after handling.

Statement of Practical Treatment

If on Skin: Wash with plenty of soap and water. Get medical attention if irritation persists.

If in Eyes: Flush eyes with plenty of water. Get medical attention if irritation persists.

If Swallowed: Call a physician immediately.

Environmental Hazards

This pesticide is extremely toxic to fish. Use with care when applying to areas adjacent to any body of water. Do not add directly to water. Do not contaminate water when disposing of equipment washwaters. Apply this product as specified on the label.

Storage and Disposal

Do not contaminate water, food, or feed by storage or disposal.

Storage: Keep container sealed when not in use. Do not store near food or feed.

Disposal: Triple rinse (or equivalent). Then offer for recycling, or puncture and discard in trash. The container is made of High Density Polyethylene (HDPE) #2 and can be offered for recycling.

Distributed by:



Animal Health

Exton, PA 19341, USA
Div. of Pfizer Inc., NY, NY 10017

EPA Est. No. 54487-GA-1

EPA Reg. No. 1007-90

05-9649-00-0

Directions for Use

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

READY TO USE - No dilution necessary, see table below.

Animal Treatments

Lactating and Non-Lactating Dairy Cattle, Beef Cattle, and Calves

Target Insects: Controls Horn Flies, Face Flies, Lice, and Aids in the Control of Horse flies, Stable Flies, and House Flies.

Application: *Apply along back and down face. Use ½ fl oz (15 mL) per 100 lbs. body wt. of animal, up to 5 fl oz for any one animal.

Sheep

Target Insects: Sheep Keds, Lice

Application: * Apply along back. Use ¼ fl oz (7.5 mL) per 50 lbs. body wt. of animal, up to a maximum of 3 fl oz for any one animal.

Goats

Target Insect: Lice

Application: * Apply along back. Use ¼ fl oz (7.5 mL) per 50 lbs. body wt. of animal, up to a maximum of 3 fl oz for any one animal.

Repeat treatment as needed, but not more than once every 2 weeks. For optimum lice control a double treatment at 14 day intervals is recommended.

**Duration of activity for horn fly control may vary due to pyrethroid resistance, environmental conditions and management factors (i.e.; sanitation, animal husbandry, facilities, etc.)



Special Note: DURASECT Long-Acting Livestock Pour-On is not effective in controlling cattle grubs.

*DURASECT Long-Acting Livestock Pour-On is to be used in conjunction with the DURASECT application gun or dipper. Do not use this product as a spray.

Durasect

Long-Acting Livestock Pour-On

- ▶ Pour-on for beef cattle, lactating and non-lactating dairy cattle, sheep and goats
- ▶ Patent-pending ready-for-use water repellent formulation for use on livestock
- ▶ No withdrawal time
- ▶ Does not leave an oily residue
- ▶ 4 to 11 weeks control of horn flies**
- ▶ Controls face flies for at least 1 month
- ▶ Controls lice

Active Ingredients:

*Permethrin (3-phenoxyphenyl) methyl ± cis, trans-3-(2,2-dichloroethyl)-2,2-dimethylcyclopropanecarboxylate 1.0%
INERT INGREDIENTS 99.0%
*cis/trans ratio: Min 35% (±)cis and max 65% (±)trans

Keep Out of Reach of Children

CAUTION

See Side Panel for Precautionary Statements

Net Contents: 1 gallon



NOTIFICATION
NOV 9 2000

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