

PM 31 1203-40

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United States Environmental Protection Agency  
Office of Pesticide Programs (H7505C)  
Washington, DC 20460

Application for Pesticide:

Registration  
 Amendment  
 Other

OPP Identifier Number

168789

Section I

1. Company/Product Number 1203-40	2. EPA Product Manager John H. Lee	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Foremost 1691-ES Quad-Dis Plus	PMs #31	
5. Name and Address of Applicant (Include ZIP Code)  <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.

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

Notification in accordance with PR Notice 93-6

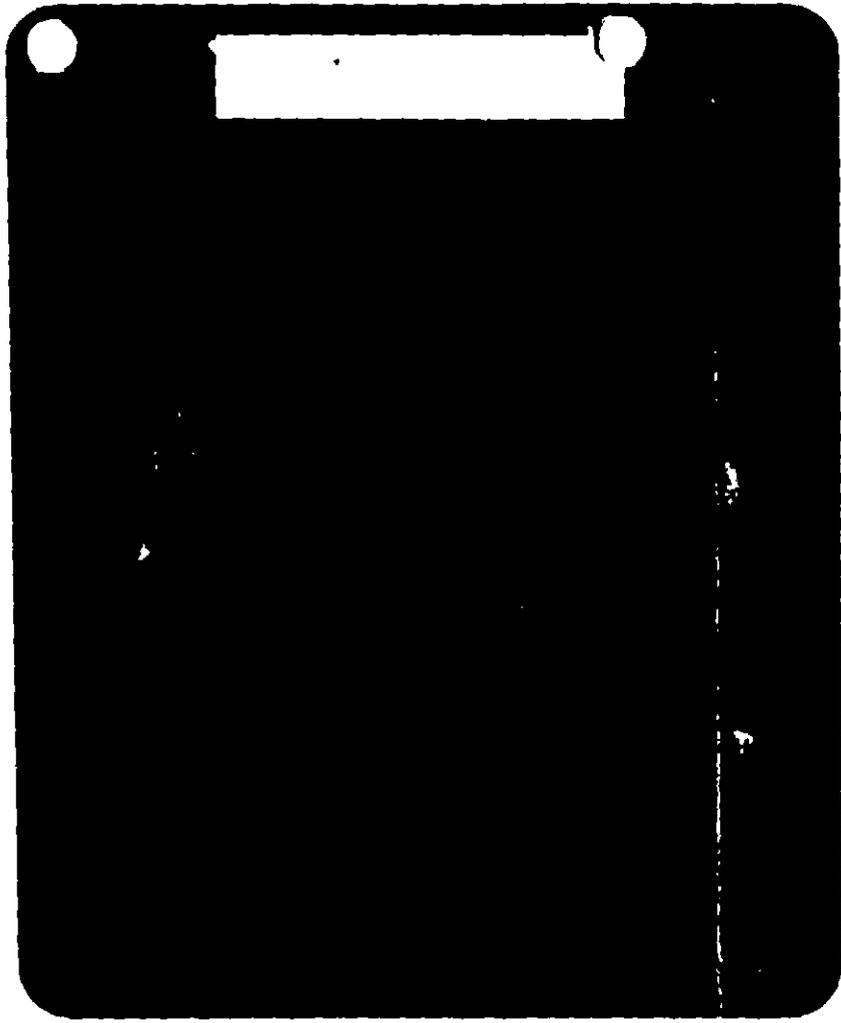
**BEST AVAILABLE**

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
	If "Yes," Unit Package wgt.	No. per container	If "Yes," Package wgt.	<input type="checkbox"/> Glass	<input type="checkbox"/> Paper
				<input type="checkbox"/> Other (Specify)	
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) of 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 Haschal Golden	Title Lab Manager	Telephone No. (include Area Code) 901-363-4340
2. Signature <i>Haschal Golden</i>		3. Title Lab Manager
4. Typed Name Haschal Golden		5. Date 5-19-93
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)



Delta

**Foremost**  
1691-E

# QUAD-DIS

**ACTIVE INGREDIENTS**

n-Alkyl (C<sub>12</sub> 40%, C<sub>14</sub> 50%, C<sub>16</sub> 10%)  
dimethyl benzyl ammonium chloride.

**INERT INGREDIENTS** \_\_\_\_\_

**SANITIZES**

**DISINFECTS**

**SOLD FOR COMMERCIAL AND INDUSTRIAL USE**

**DANGER: KEEP OUT OF REACH OF CHILDREN**

Read carefully other precautions

Net Contents \_\_\_\_\_

**Delta Foremost Chemicals**

3915 AIR PARK STREET, MEMPHIS, TENN. 38117

**BEST AVAILABLE**

**Delta**  
**remost**®  
 1691-ES  
**D-DIS PLUS**

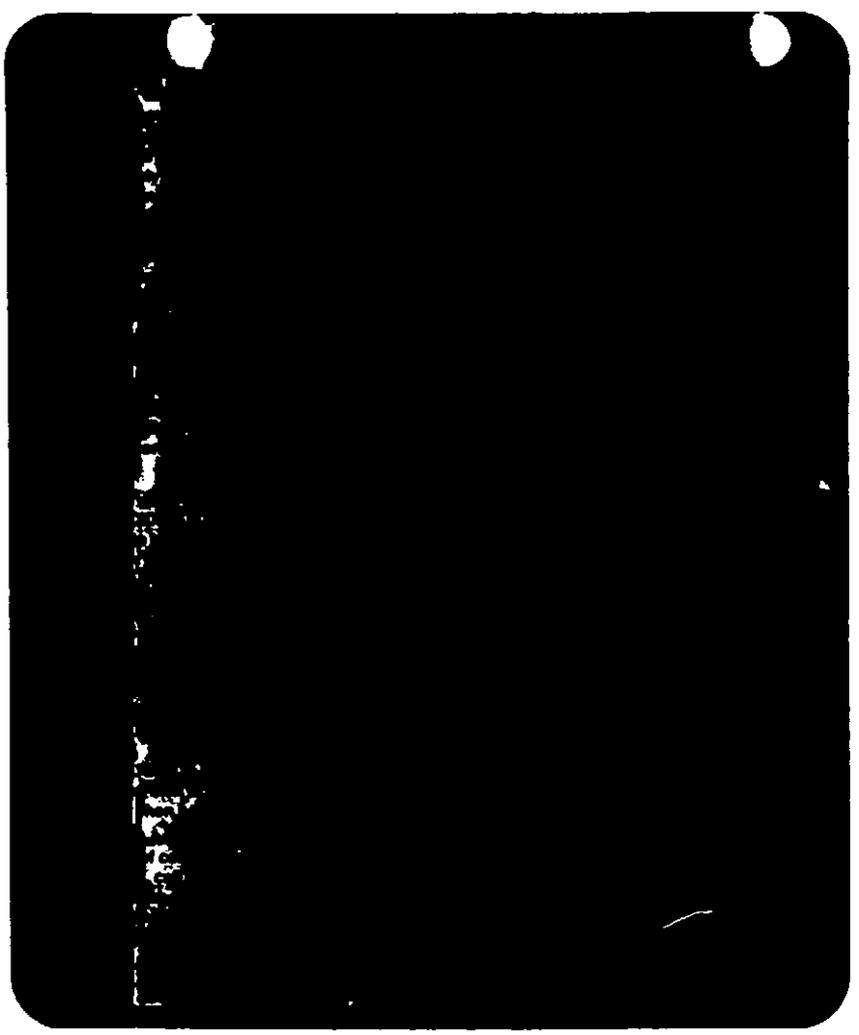
TS	
(C <sub>14</sub> 50%, C <sub>16</sub> 10%)	
ammonium chloride	12.5%
TS	87.5%
	Total 100.0%

DISINFECTS

DEODORIZES

**FOR DOMESTIC AND INDUSTRIAL PURPOSES ONLY.**  
**KEEP OUT OF REACH OF CHILDREN.**  
 See other precautions on right panel.

Net Contents \_\_\_\_\_ Gallon  
**remost Chemical Corp.**  
 1000 \_\_\_\_\_ STREET, MEMPHIS, TENNESSEE 38130



**BEST AVAILABLE COPY**