

(A)



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

Application for Pesticide:

Registration  
 Amendment  
 Other

OPP Identifier Number

168790

Section I

1. Company/Product Number 1203-41	2. EPA Product Manager John H. Lee	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Foremost 3066-ES Show-Off Germicidal Conc.	PM# #31	
5. Name and Address of Applicant (Include ZIP Code) Delta Foremost Chemical Corporation 3915 Air Park St. Memphis, TN 38118 <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.)

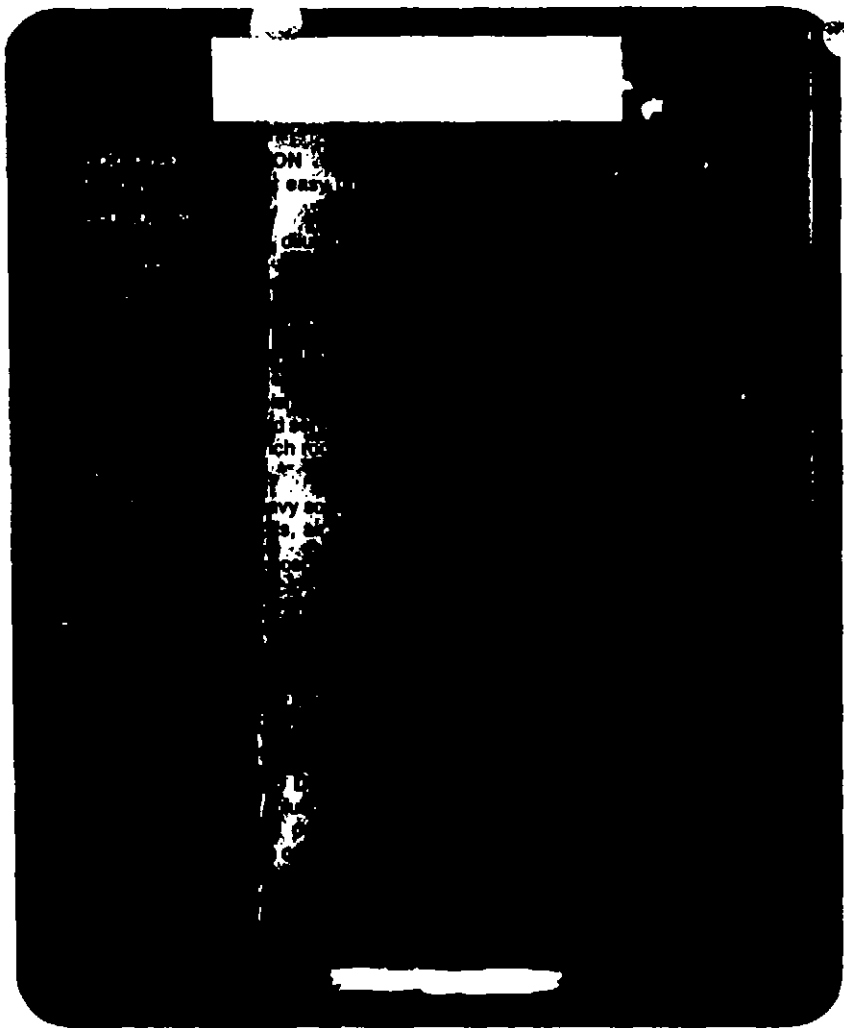
Notification in accordance with PR Notice 93-6

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 <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted.		If "Yes," Unit Package wgt.      No. per container			
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>		6. Date Application Received (Stamped)
3. Title Lab Manager		
4. Typed Name Haschal Golden	5. Date 5-19-93	



**Delta**  
**Forem**

**3066-**  
**SHOW**  
**GERMICIDAL CO**

**ACTIVE INGREDIENTS:**  
Alkyl (60% C14, 30% C16,  
Dimethyl benzyl ammonium  
Alkyl (68% C12, 32% C14)  
Ethylbenzyl ammonium chl

**INERT INGREDIENTS:**  
TO

**SOLD FOR COMMERCIAL AND IN**

**DANGER: KEEP OUT O**  
Corrosive. Causes severe eye and skin damage. Do not  
and skin when handling product. Harmful or fatal if swal  
precautions on side panel.

Net Contents  
**Delta Foremost**

3915 AIR PARK STREET, MEM

**BEST AVAILABLE COPY**

BEST AVAILABLE COPY

Ita

**MOST**<sup>®</sup>

**66-ES  
W-OFF  
CONCENTRATE**

C16, 5% C12, 5% C18)	2.25%
ium chlorides	
C14) Dimethyl	2.25%
n chlorides	
3:	95.50%
TOTAL	100.00%

**INDUSTRIAL PURPOSES ONLY.**

**OUT OF REACH OF CHILDREN.**

Do not get in eyes, on skin or on clothing. Protect eyes if swallowed. Avoid contamination of food. See additional

nts Gallons  
**st Chemical Corp.**

MEMPHIS, TENNESSEE 38130

