

<b>(A)</b> 	United States Environmental Protection Agency Office of Pesticide Programs (H7505C) Washington, DC 20460	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number  <span style="font-size: 1.2em;">195535</span>
	<b>Application for Pesticide:</b>		

**Section I**

1. Company/Product Number 1203-60	2. EPA Product Manager Bob Taylor	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) FOREMOST 4949-ES Weed-A-Way	PM# 25	
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"/> Resubmission in response to Agency letter dated _____  <input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____  <input type="checkbox"/> "Me Too" Application.  <input type="checkbox"/> Other - explain below.
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**Explanation:** Use additional page(s) if necessary. (For section I and Section II.)

Notification in accordance with PR Notice 93-6

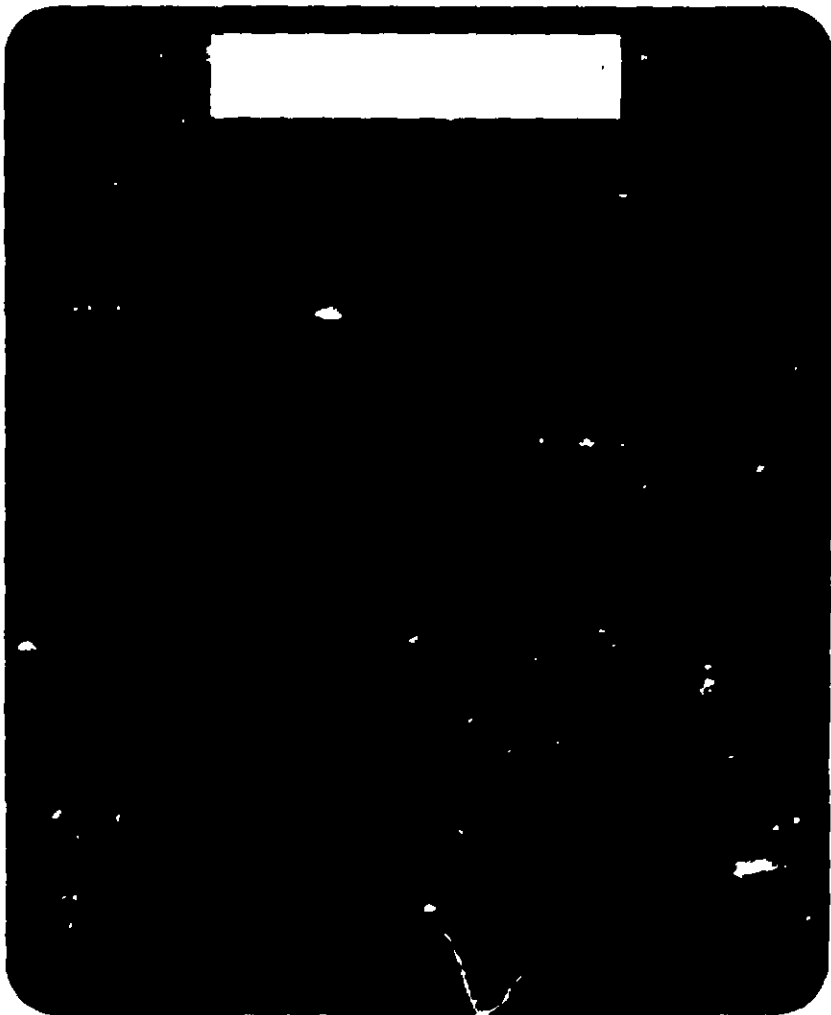
**NOTIFICATION LABEL NOT REVIEWED PER PR NOTICE 93-6**  
 DATE: 6/30/93

**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 If "Yes," Unit Package wgt. _____	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Package wgt. _____	No. per container _____	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____	No. per container _____
* Certification must be submitted.					
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) 9017363-4340
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 	3. Title Lab Manager	
4. Typed Name Haschal Golden	5. Date 6-2-93	



Delta

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NOTIFICATION  
LABEL NOT REVIEWED  
PER PR NOTICE 88-6  
DATE 6/30/93

4949-ES

**WEED-A-WAY**

ACTIVE INGREDIENTS:

Petroleum Distillate	_____	93.95%
Bromacil (5-bromo-3-sec-butyl-6-methyluracil)	_____	1.00%
INERT INGREDIENTS:	_____	5.05%
TOTAL	_____	100.00%

Sold for Commercial and Industrial Purposes Only.  
**WARNING: KEEP OUT OF REACH OF CHILDREN.**  
See side panel for additional precautionary statements.

Net Content gals.

**Delta Foremost Chemical Corp.**

3915 AIR PARK STREET, MEMPHIS, TENNESSEE 38130

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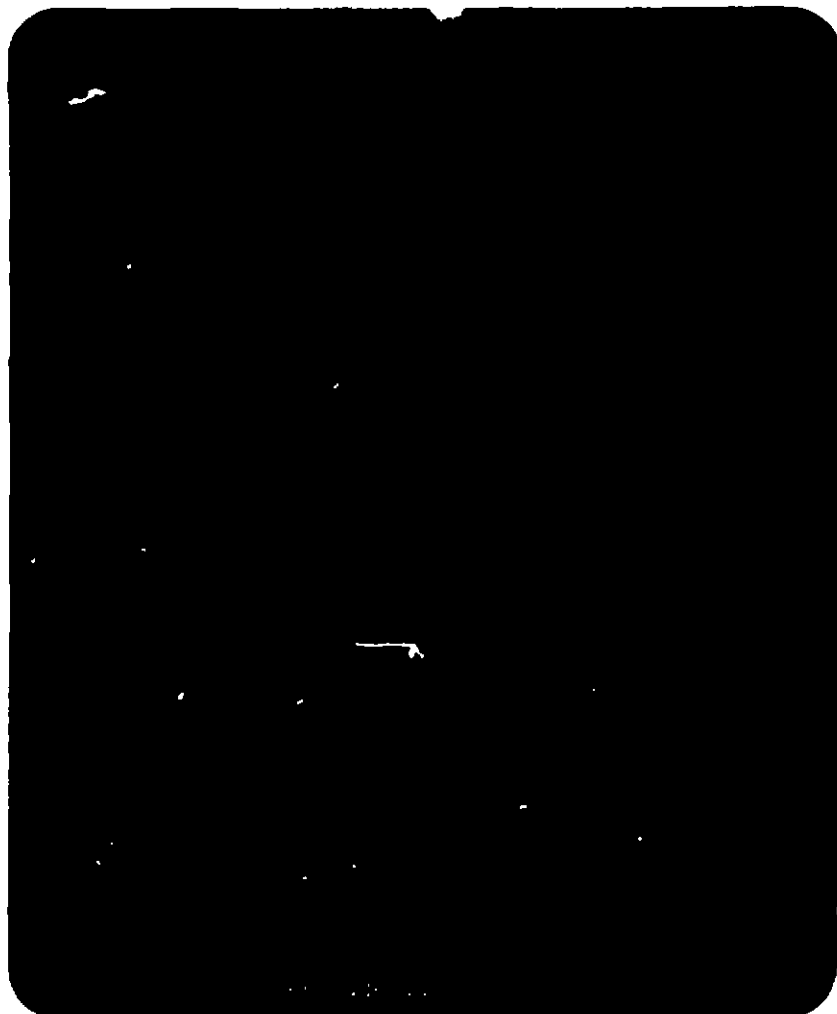
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