

1105 1003-68

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Please read instructions on reverse before completing form.

Form Approved. OMB No 2070-0060. Approval expires 11-30 93

(A) 	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 <h2 style="margin: 0;">195536</h2>
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Section I

1. Company/Product Number 1203-68	2. EPA Product Manager Bob Taylor	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Foremost 5050-ES Weed Zapper	PMS 25	
5. Name and Address of Applicant (Include ZIP Code) DELTA FOREMOST CHEMICAL CORP. 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

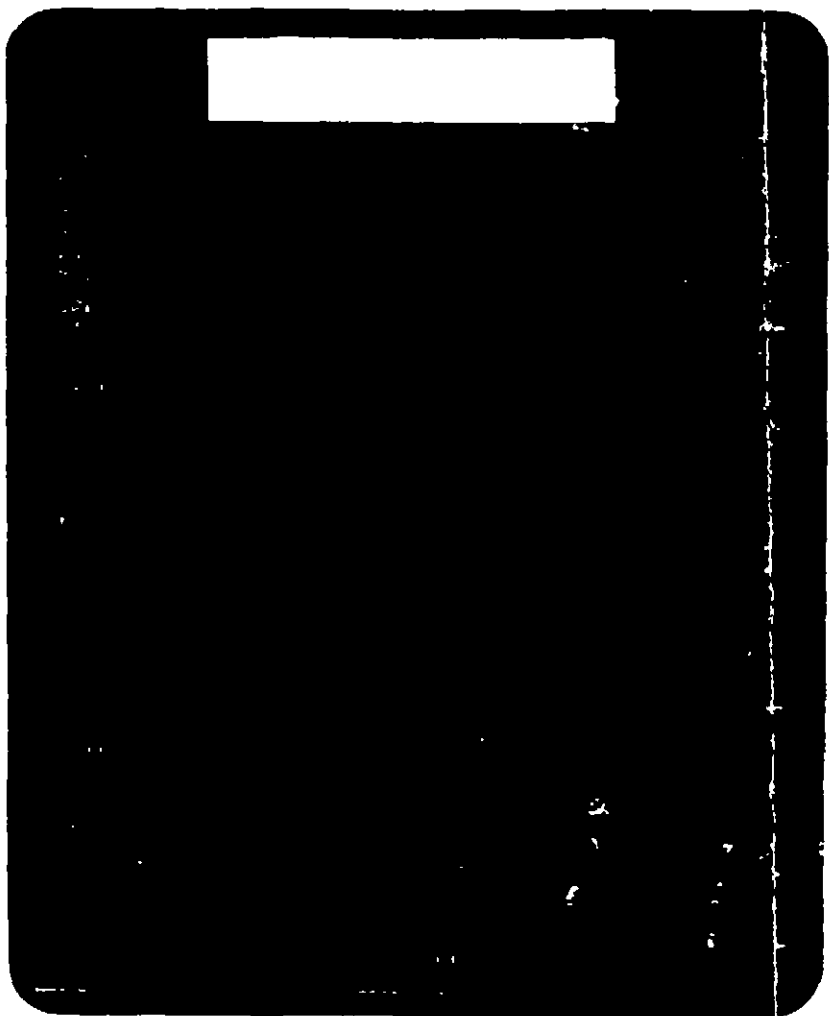
DATE: 6/10/93

Section III

1. Material This Product Will Be Packaged In:					
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	2. Type of Container <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		If "Yes," 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
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	



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2025-09-18 10:00:00

Delta
Foremost

5050-ES
WEED ZAP

ACTIVE INGREDIENT:
Petroleum Distillate.....
Bromacil (5-bromo-3-sec-butyl-6-meth
INERT INGREDIENT:.....
TOTAL

THIS PRODUCT CONTAINS THE TOXIC INERT INGREDIENTS

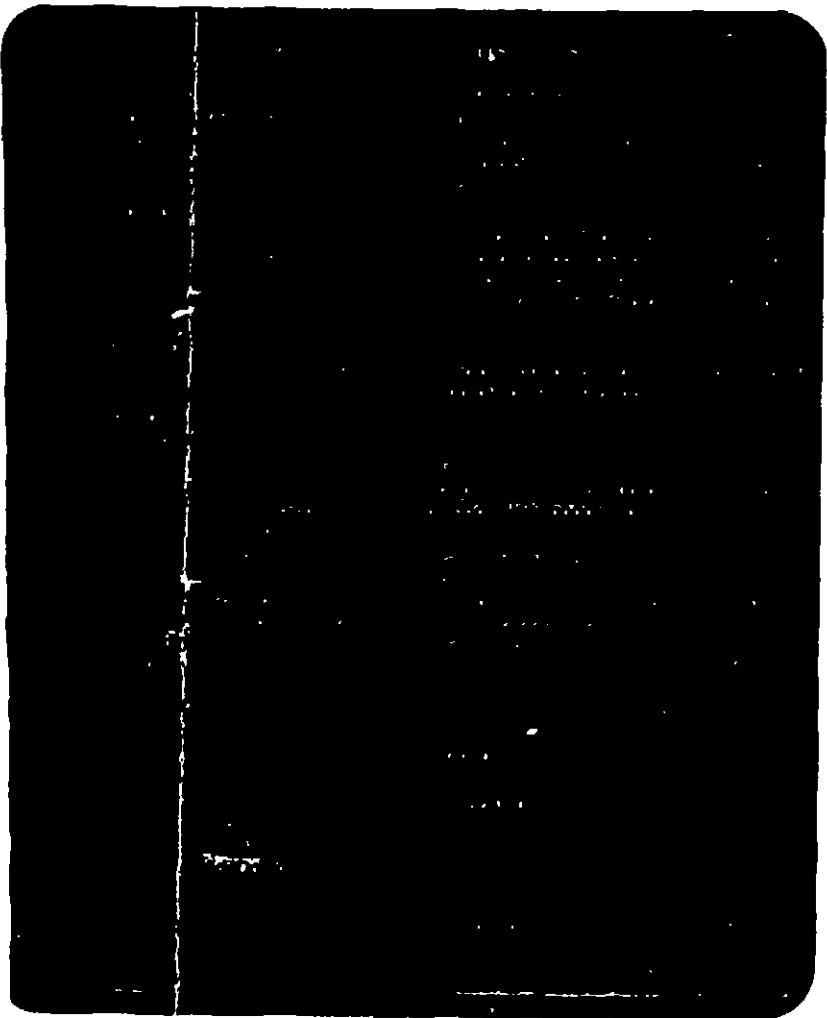
Sold for Commercial and Industrial
WARNING: KEEP OUT OF REACH OF CHILDREN
See side panel for additional precautions

Net Contents (gals.)
Delta Foremost Chemicals

3915 AIR PARK STREET, MEMPHIS, TN 38117

2025-09-18 10:00:00

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