



2382-134

8-20-2003

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Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060. Approval expires 2-28-95



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☐ Amendment
☒ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number
2382-134

2. EPA Product Manager

J. Tavano

3. Proposed Classification

☒ None ☐ Restricted

4. Company/Product (Name)
Flea Killer Plus Dog Spray III

PM#

3

5. Name and Address of Applicant (Include ZIP Code)

Virbac AH, Inc.
PO Box 162059
Fort Worth, TX 76161

☐ 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

☐ Amendment - Explain below.

☐ Resubmission in response to Agency letter dated _____

☒ Notification - Explain below.

☒ Final printed labels in response to Agency letter dated

September 7, 2001

☐ "Me Too" Application.

☐ Other - Explain below.

NOTIFICATION

AUG 20 2003

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

Notification of label change relative to PR Notice 2001-6. This notification is consistent with the guidance in PR Notice 2001-6 and the requirements of EPA's regulations at 40 CFR 156.10 and 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 guidance of PR Notice 2001-6 and the requirements of 40 CFR 156.10 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.

Section - III

1. Material This Product Will Be Packaged In:

Child-Resistant Packaging

☐ Yes
☒ No

Unit Packaging

☐ Yes
☒ No

Water Soluble Packaging

☐ Yes
☒ No

2. Type of Container

☒ Metal
☐ Plastic
☐ Glass
☐ Paper
☐ 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

☒ Label ☐ Container

4. Size(s) Retail Container

16 oz

5. Location of Label Directions

☒ on label

6. Manner in Which Label is Affixed to Product

☒ Lithograph
Paper glued
Stenciled

☐ Other _____

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)

Name

Michelle Foster

Title

Registration Specialist

Telephone No. (Include Area Code)

800-338-3659 x 2545

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

Michelle Foster

3. Title

Registration Specialist

4. Typed Name

Michelle Foster

5. Date

6/26/03

