

(A) 	United States Environmental Protection Agency Office of Pesticide Programs (H7505C) Washington, DC 20460	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number <h2 style="margin:0;">201634</h2>
	Application for Pesticide:		

Section I

1. Company/Product Number 2935-417	2. EPA Product Manager C. Giles-Parker	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) TBZ Potato Seed Protectant Fungicide	PMS 22	
5. Name and Address of Applicant (Include ZIP Code) WILBUR-ELLIS Company 191 W. Shaw Avenue Suite 107 Fresno, CA 93704 <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.)

Change to labeling statement prohibiting application to water. The exact wording from PR Notice 93-3 has been used.

NOTIFICATION LABEL NOT REVIEWED PER PR NOTICE 93-3

DATE 8/3/93

Section III

1. Material This Product Will Be Packaged In:					
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2 Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input checked="" 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 checked="" type="checkbox"/> Container		4. Size(s) of Retail Container 1, 5, & .55 gallon		5. Location of Label Directions <input checked="" 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 checked="" 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 Joanne Pratt	Title Product Registration and Labeling Specialist	Telephone No. (Include Area Code) (209) 226-1934

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 Product Registration and Labeling Specialist			
4 Typed Name Joanne Pratt	5 Date July 13, 1993			

"For terrestrial uses, do not apply directly to water, or to areas where surface water is present or to intertidal areas below the mean high water mark."

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