


Reg # 2935-458

711-21

133

Please read Instructions on reverse before completing form.

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

|   |  |   |  |
|---|--|---|--|
| <b>(A)</b><br> | United States Environmental Protection Agency<br>Office of Pesticide Programs (H7505C)<br>Washington, DC 20460 | <input type="checkbox"/> Registration         | OPP Identifier Number<br><b>181296</b> |
|   |  | <input checked="" type="checkbox"/> Amendment |  |
|   |  | <input type="checkbox"/> Other                |  |

**Section I**

|  |   |  |
|--|---|--|
| 1. Company/Product Number<br>2935-458  | 2. EPA Product Manager<br>S. Lewis  | 3. Proposed Classification<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted |
| 4. Company/Product (Name)<br>Apron TL  | PM#<br>21   |  |
| 5. Name and Address of Applicant (Include ZIP Code)<br>WILBUR-ELLIS Company<br>191 W. Shaw Avenue Suite 107<br>Fresno, CA 93704<br><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:<br>EPA Reg. No. _____<br>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.  |

**BEST AVAILABLE COPY**

**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

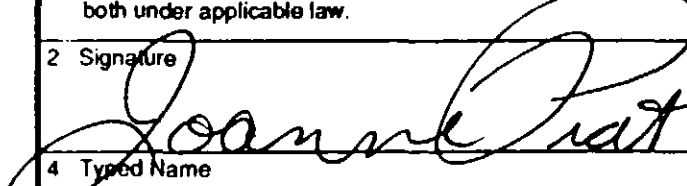
**Section III**

|   |  |   |  |  |   |
|---|--|---|--|--|---|
| 1. Material This Product Will Be Packaged In:   |  |   |  | 2. Type of Container   |   |
| Child-Resistant Packaging<br><input type="checkbox"/> Yes*<br><input checked="" type="checkbox"/> No  | Unit Packaging<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Water Soluble Packaging<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | <input type="checkbox"/> Metal   | <input checked="" type="checkbox"/> Plastic |
|   |  |   |  | <input type="checkbox"/> Glass   | <input type="checkbox"/> Paper              |
|   |  |   |  | <input type="checkbox"/> Other (Specify) _____   |   |
| * Certification must be submitted.  |  |   |  |  |   |
| 3. Location of Net Contents Information<br><input checked="" type="checkbox"/> Label <input type="checkbox"/> Container   |  | 4. Size(s) of Retail Container<br>2.5 gallon  |  | 5. Location of Label Directions<br><input checked="" type="checkbox"/> On Label<br><input type="checkbox"/> On Labeling accompanying product |   |
| 6. Manner In Which Label Is Affixed To Product<br><input type="checkbox"/> Lithograph <input type="checkbox"/> Other (_____)<br><input checked="" type="checkbox"/> Paper glued<br><input type="checkbox"/> Stenciled |  |   |  |  |   |

**Section IV**

|   |   |   |
|---|---|---|
| 1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.) |   |   |
| Name<br>Joanne Pratt  | Title<br>Product Registration and Labeling Specialist | Telephone No. (Include Area Code)<br>(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<br>(Stamped) |
| 2. Signature<br>   | 3. Title<br>Product Registration and Labeling Specialist |   |
| 4. Typed Name<br>Joanne Pratt  | 5. Date<br>July 19, 1993                                 |   |



Copy A

"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."