



United States
Environmental Protection Agency
Washington, DC 20460

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

☐ Registration
☐ Amendment
☒ Other

OPP Identifier Number

235525

Application for Pesticide - Section I

1. Company/Product Number 3125-457	2. EPA Product Manager Dennis Edwards, Jr.	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) PROVADO 1.6 Flowable Insecticide	PM# 19	
5. Name and Address of Applicant (Include ZIP Code) Bayer Corporation P.O. Box 4913 8400 Hawthorn Rd. Kansas City, MO 64120-0013 <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"/> 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.

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

SEE ATTACHED

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	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No		<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 Packaging 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) 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 Karen S. Cain	Title Registration Specialist	Telephone No. (include Area Code) (816) 242-2838
2. Signature 		6. Date Application Received (Stamped)
3. Title Manager, Registrations		
4. Typed Name John S. Thornton		
5. Date July 26, 1995		

0.85 hour per

PROVADO 1.6 Flowable

Reason to Issue: To add recommendation for resistance management to vegetables.

U. S. LABEL

Date of Draft: 07/18/95 (Pre-Reg)(C)

PROVADO 1.6 Flowable Foliar Insecticide

FOR CONTROL OF CERTAIN INSECTS INFESTING VEGETABLES

ACTIVE INGREDIENT:

Imidacloprid, 1-[(6-Chloro-3-pyridinyl)methyl]	17.4%
-N-nitro-2-imidazolidinimine	82.6%
INERT INGREDIENTS	100.0%

Contains 1.6 pounds of imidacloprid per gallon
EPA Reg. No. 3125-457

Net Contents: _____ Gallons

AMENDMENT

TO PREVIOUSLY REGISTERED LABELING

STOP - Read The Label Before Use

KEEP OUT OF THE REACH OF CHILDREN

FOLIAR APPLICATION

For resistance management purposes, a PROVADO foliar application following a soil application of ADMIRE in the same crop is not recommended.

Bayer Corporation
Crop Protection Products
Box 4913, Kansas City, MO 64120-0013

Bayer 