


PM 19 3125-457

10/3

Please read instructions on reverse before completing form. Form Approved. OMB No. 2070-0060. Approval expires 05-31-98.

 <b>United States Environmental Protection Agency</b> Washington, DC 20460	<input type="checkbox"/> Registration	OPP Identifier Number <b>247151</b>
	<input type="checkbox"/> Amendment	
	<input checked="" type="checkbox"/> Other	

**Application for Pesticide - Section I**

<b>1. Company/Product Number</b> 3125-457	<b>2. EPA Product Manager</b> Dennis Edwards, Jr.	<b>3. Proposed Classification</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Restricted
<b>4. Company/Product (Name)</b> Provado 1.6 Flowable	<b>PM#</b> 19	
<b>5. Name and Address of Applicant (Include ZIP Code)</b> Bayer Corporation P.O. Box 4913, 8409 Hawthorn Rd. Kansas City, MO 64120-9013 <input type="checkbox"/> Check if this is a new address	<b>6. Expedited Review.</b> 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.

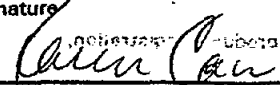
**Explanation:** Use additional page(s) if necessary. (For section I and Section II.)  
See attached.

**NOTIFICATION**  
JUN 4 1996

**Section - III**

<b>1. Material This Product Will Be Packaged In:</b>	<b>2. Type of Container</b>																	
<table border="1"><tr><td><b>Child-Resistant Packaging</b></td><td><b>Unit Packaging</b></td><td><b>Water Soluble Packaging</b></td></tr><tr><td><input type="checkbox"/> Yes* <input type="checkbox"/> No</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td colspan="2">* Certification must be submitted</td><td></td></tr><tr><td>If "Yes" Unit Packaging wgt.</td><td>No. per container</td><td>If "Yes" Package wgt. No. per container</td></tr></table>	<b>Child-Resistant Packaging</b>	<b>Unit Packaging</b>	<b>Water Soluble Packaging</b>	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	* Certification must be submitted			If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt. No. per container	<table border="1"><tr><td><input type="checkbox"/> Metal</td></tr><tr><td><input type="checkbox"/> Plastic</td></tr><tr><td><input type="checkbox"/> Glass</td></tr><tr><td><input type="checkbox"/> Paper</td></tr><tr><td><input type="checkbox"/> Other (Specify) _____</td></tr></table>	<input type="checkbox"/> Metal	<input type="checkbox"/> Plastic	<input type="checkbox"/> Glass	<input type="checkbox"/> Paper	<input type="checkbox"/> Other (Specify) _____
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<b>3. Location of Net Contents Information</b> <input type="checkbox"/> Label <input type="checkbox"/> Container	<b>4. Size(s) Retail Container</b>	<b>5. Location of Label Directions</b> <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product																
<b>6. Manner in Which Label is Affixed to Product</b> <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other _____																		

**Section - IV**

<b>1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)</b>		
<b>Name</b> Karen S. Cain	<b>Title</b> Registrations Specialist	<b>Telephone No. (Include Area Code)</b> (816) 242-2838
<b>Certification</b> 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.		<b>6. Date Application Received</b> MAY 22 1996 Stamp: RECEIVED EPA/OPR/OPD
<b>2. Signature</b> 	<b>3. Title</b> Manager, Registrations	
<b>4. Typed Name</b> John S. Thornton	<b>5. Date</b> 5/9/96	

# Provado 1.6 F

457-8779.YLD

U. S. LABEL

Base Pre-Reg (8779)

Reason to Issue: To propose new registered use on pears. 09/15/95 Draft: To revise based on internal comments. 05/06/96 Draft: To add San Jose Scale.

Date of Draft: 05/06/96 (Pre-Reg) (C)  
Supersedes Pre-Reg Drafts Dated: 09/15/95 and 03/13/95

## Provado® 1.6 Flowable Insecticide

For control of certain insects infesting pears.

### ACTIVE INGREDIENT:

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

Contains 1.6 pounds of imidacloprid per gallon

EPA Reg. No. 3125-457

Net Contents: \_\_\_\_\_ Gallons

**STOP - Read The Label Before Use  
KEEP OUT OF THE REACH OF CHILDREN**

**AMENDMENT To Previously Registered Labeling**

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**PROVADO 1.6 Flowable Systemic Insecticide**

RECOMMENDED APPLICATIONS				
CROP	PEST	FL OZ PER 100 GAL	FL OZ PER ACRE <sup>1</sup>	REMARKS
Apple Crabapple Loquat Mayhaw Pear (oriental) Quince	<b>Prebloom Applications:</b> Aphids (except Woolly apple aphid) Leafminer	2	8	Apply specified dosage prebloom as a dilute or concentrate foliar spray as needed.  Thorough uniform coverage of foliage is necessary for optimal control.  For leafminer control, a second application at petalfall is required for full control.
	<b>Postbloom Applications:</b> Aphids (except Woolly apple aphid) Leafminer San Jose Scale	2	8	Apply specified dosage as a dilute or concentrate foliar spray as needed after pollination is complete.  For control of rosy apple aphid, apply prior to leafrolling caused by rosy apple aphid.  For first generation leafminer control, make first application as soon as pollination is complete and bees are removed from the orchard. Greatest leafminer control will result from the earliest possible application.  For second and succeeding generations of leafminer, optimal control is obtained from applications made early in the adult flight against egg and early instar larvae. A second application may be required 10 days later if severe pressure continues or if generations are overlapping. A single application may result in suppression only. PROVADO will not control late stage larvae.
	<b>Postbloom Applications:</b> Leafhoppers	1 to 2	4 to 8	<del>For San Jose Scale, time applications to the crawler stage. Treat each generation.</del>  Apply low rate for low to moderate populations of white apple leafhoppers and high rate for high populations or for other leafhopper species. For late season (preharvest) control of leafhopper species, apply PROVADO while most leafhoppers are in the nymphal stage.  Do not apply more than 8 fluid ounces per acre in a single application.
Pear	<b>Postbloom Applications:</b> Aphid Mealybug Pear psylla San Jose Scale	5	20	Apply specified dosage as a dilute or concentrate foliar spray as needed after pollination is complete.  For optimal control of mealybug use maximum gallonage for tree size applied with ground application equipment. Insure good spray coverage of the trunk and scaffolding limbs or other resting sites of the mealybug.  <del>For San Jose Scale, time applications to the crawler stage. Treat each generation.</del>  Do not apply more than 20 fluid ounces per acre in a single application.

<sup>1</sup> The amount of PROVADO required per acre will depend on tree size and volume of foliage present. The rate per acre is based on a standard of 400 gallons of dilute spray solution per acre for large trees. For example, to calculate the rate for aphid control on smaller trees, multiply 2 fluid ounces times the number of 100 gallons of spray solution required to thoroughly wet, just prior to the point of runoff, one acre of the trees being treated. For concentrate sprays, apply the same amount of product per acre as would be applied in a dilute spray based on tree size and foliage volume.

Allow 10 or more days between applications. Allow at least 7 days between last application and harvest.

Aerial application of PROVADO may result in slower activity and reduced control relative to results from ground application.

Do not apply during bloom or when bees are present in the orchard. Do not apply more than a total of 40 fluid ounces per acre per year.