

PM-10

Reg # 4306-8

1/22

Please read instructions on reverse before completing form.

Form Approved OMB No. 2070-0080. Approval expires 05-31-98

United States
Environmental Protection Agency
Washington, DC 20460☐ Registration
☐ Amendment
☒ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 4306-8	2. EPA Product Manager Keigwin	3. Proposed Classification ☐ None ☐ Restricted
4. Company/Product (Name) Sulfodene® Scratchex® Power Dip	PM# 10	
5. Name and Address of Applicant (Include ZIP Code) Combe, Incorporated 1101 Westchester Avenue White Plains, NY 10604 ☐ 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.	☐ Final printed labels in response to Agency letter dated _____
☐ Resubmission in response to Agency letter dated _____	☐ "Me Too" Application.
☒ Notification - Explain below.	☐ Other - Explain below.

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

Notification of an alternate Trade Name per PR Notice 95-2:

This notification is consistent with the provisions of PR Notice 95-2 and EPA regulations at 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 terms of PR Notice 95-2 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:				2. Type of Container	
Child-Resistant Packaging ☐ Yes* ☐ No	Unit Packaging ☐ Yes ☐ No	Water Soluble Packaging ☐ Yes ☐ No	☐ 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		5. Location of Label Directions ☐ On Label ☐ On Labeling accompanying product	
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 Robert R. Stewart, Ph.D.	Title Regulatory Consultant	Telephone No. (Include Area Code) 202-828-8963
2. Signature 		6. Date Application Received (Stamped)
3. Title Director, Toxicology and Clinical Studies		
4. Typed Name Stephen Pennisi, Ph.D.		
5. Date 11/28/95		

