PM13 4306-17 1/2

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

EPA United States Environmental Protection Agency Washington, DC 20460

[ ] Registration
[ ] Amendment
[x] Other

OPP Identifier Number

## Application for Pesticide - Section I

| 1. Company/Product Number | 2. EPA Product Manager | 3. Proposed Classification |
|---|---|---|
| 4306-17 | LaRocca | [ ] None [ ] Restricted |
| **4. Company/Product (Name)** | **PM#** | |
| Sulfodene® Scratchex® Flea and Tick Killer | 13 | |

**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.
[ ] Resubmission in response to Agency letter dated _____
[x] Notification - Explain below.
[ ] Final printed labels in response to Agency letter dated _____
[ ] "Me Too" Application.
[ ] 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:**

| Child-Resistant Packaging | Unit Packaging | Water Soluble Packaging | 2. Type of Container |
|---|---|---|---|
| [ ] Yes* [ ] No | [ ] Yes [ ] No | [ ] 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 | 4. Size(s) Retail Container | 5. Location of Label Directions |
|---|---|---|
| [ ] Label [ ] Container | | [ ] 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 | Title | Telephone No. (Include Area Code) |
|---|---|---|
| Robert R. Stewart, Ph.D. | Regulatory Consultant | 202-828-8963 |

**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 | 5. Date |
|---|---|---|
| Stephen Pennisi | Director, Toxicology and Clinical Studies | 11/28/95 |
| **4. Typed Name** | | |
| Stephen Pennisi, Ph.D. | | |

*EPA Form 8570-1 (Rev. 8-94) Previous editions are obsolete.* White - EPA File Copy (original) Yellow - Applicant Copy