

PM-32

Reg # 4313-41

192

Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0080. Approval expires 2-28-95



United States
Environmental Protection Agency
Washington, DC 20460

Registration
 Amendment
 Other

OPP Identifier Number
223206

Application for Pesticide - Section I

1. Company/Product Number 4313-41	2. EPA Product Manager	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) PINE II PINE ODOR DISINFECTANT	PM# 32	
5. Name and Address of Applicant (Include ZIP Code) Carroll Company 2900 West Kingsley Road Garland, TX 75041 <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.)

"I certify that this notification is consistent with PR 95-1 and EPA regulations at 40 CFR 152.46 and that no other changes have been made to the labeling of this product. I further understand that if this notification is not consistent with the terms of PR Notice 95-1 and 40 CFR 152.46, then 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 <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	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 <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 Linda Kirk Kirby	Title Regulatory Compliance Manager	Telephone No. (include Area Code) (214) 278-1304
2. Signature 		6. Date Application Received (Stamped)
3. Title Regulatory Compliance Manager		
4. Typed Name Linda Kirk Kirby		
5. Date 9-27-95		

