1524-22

Please read instructions on reverse before completing form

Form Approved OMB No 2070 0060 Approval exp re 2 28 95

United States
Environmental Protection Agency
Washington DC 20460

[ ] Registration
[ ] Amendment
[X] Other

OPP Identifier Number
238124

## Application for Pesticide Section I

1 Company Product Number
1524-22

2 EPA Product Manager

3 Proposed Classif cation
[X] None [ ] Restr cted

4 Company/Pro duct (Name)
Monarch 400 Sanitizer

PM#

5 Name and Address of Appl cant *(Include ZIP Code)*
H b Fuller Company
Monarch Division
3900 Jackson St NE
Minneapolis, MN 55421
[ ] *Check f th s is a new a dre s*

6 **Expedited Review** In accordance with FIFRA Section 3(c)(3)(b)(i) my product is s milar or identical in composition and labeling to
EPA Reg No
Produ t Name

## Section - II

[ ] Amendment Explain below
[ ] Resubmission in response to Agency letter dated
[X] Notif cation Explain below
[ ] Final printed labels in response to Agency letter dated
[ ] "Me Too" Application
[ ] Other Explain below

**Explanation** Use additional page(s) if nece sary (For sect on I and Sect on II)

1 Per PR Notice 93-10 requested changes for effluent discharge labeling

2.Correct typo to percent of Inert Ingredients. Stamped approved label (Feb 3, 1995) was 44 0 should have been 44 5%

## Section III

1 Mater al Th s Product W'll Be Packaged In

Child Re istant Packag ng
[ ] Yes*
[ ] N>
** Certification must be submitted*

Unit Packag ng
[ ] Yes
[ ] No
If "Yes" Unit Packag ng wgt
No per container

Water Soluble Packag ng
[ ] Yes
[ ] No
If "Yes" Package wgt
No per container

2 Type of Container
[ ] Metal
[ ] Plastic
[ ] Glass
[ ] Paper
[ ] Other (Specify)

3 Location of Net Contents Information
[ ] Label [ ] Container

4 Size(s) Retail Container

5 Locat on of Label Directions
[ ] On Label
[ ] On Labeling accompanying product

6 Manner in Which Label is Affixed to Product
[ ] Lithograph
[ ] Paper glued
[ ] Stenc led
[ ] Other

## Section - IV

1 Contact Point *(Complete items d rectly below for identification of i d vidual to be contacted if necessary to process this application)*

| Name | Title | Telephone No (Include Area Code) |
|---|---|---|
| Lois Branch | Technical Director | 612-782-1721 |

**Certification**

I certify th at the statements I have made on th s form and all attachments thereto are true accurate and complete I acknowledge that any k now r gly false or misleading statement may be pun sh able by f ne or imprisonment or b th nder applicable law

6 Date Application Re eived
(Stamped)

2 S gnature Lois Branch

3 T tle
Technical Director

4 Typed Nam>
Lois Branch

5 Date
8/7/95

EPA Form 8570 1 (Rev 8 94) Previ u ed tio s are obsolete

White EPA File Copy (original) Yellow Applicant C v