

Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0060, Approval expires 2-28-95



United States  
Environmental Protection Agency  
Washington, DC 20460

<input type="checkbox"/>	Registration
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Other

OPP Identifier Number  
260683

Application for Pesticide - Section I

1. Company/Product Number 4581-377	2. EPA Product Manager M. Waller	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) TOPSIN® M WSB	PM# 21	
5. Name and Address of Applicant (Include ZIP Code) Elf Atochem North America, Inc. 2000 Market St., 21 <sup>st</sup> Fl. Phila., PA 19102-3222 <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 _____	<b>NOTIFICATION</b> APR 28 2000
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.	
<input checked="" type="checkbox"/> Notification - Explain below. Addition of pest	<input type="checkbox"/> Other - Explain below.	

Explanation: Use additional page(s) if necessary. (For section I and Section II.) Notification of change per PR Notice 98-10: This notification is consistent with the provisions of PR Notice 98-10 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 98-10 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 <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	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> 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"/>	
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 Rebecca A. Clemmer	Title Mgr., Product Registration	Telephone No. (Include Area Code) 215-419-7667
2. Signature Rebecca A. Clemmer		3. Title Mgr., Product Registration
4. Typed Name Rebecca A. Clemmer		5. Date 4/5/2000
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) ..... ..... ..... .....

elf atochem  
ATO

# Supplemental Label

## TOPSIN® M WSB 70% Thiophanate-methyl Fungicide in Water Soluble Bags

NOTIFICATION

APR 28 2000

EPA Reg. No. 4581-377

### DIRECTIONS FOR USE ON APPLES

It is a violation of Federal law to use this product in a manner inconsistent with its labeling.

Diseases	Lbs/A	Lbs/100 Gallons	Remarks
Apple Scab ( <i>Venturia</i> sp.) Flyspeck ( <i>Zygothia</i> sp.) Powdery Mildew ( <i>Podosphaera</i> sp.) Sooty Blotch ( <i>Gloeodes</i> sp.) Black Rot ( <i>Botryosphaeria</i> sp.) Brooks Fruit Rot ( <i>Mycosphaerella</i> sp.) White Rot* ( <i>Sclerotium</i> sp.)	1-1 1/2	1/4- 3/8	Apply at 5- to 10-day intervals from green tip through petal fall; continue at 7- to 14-day intervals in cover sprays.  <b>Resistance Management:</b> TOPSIN M WSB should not be used alone. Another non-benzimidazole fungicide should be used with TOPSIN M for disease resistance management.

new

\* not for this use in California

Note: this label and the Federally registered label must be in the possession of the user at the time of pesticide application.

(Notification 4/00)