

Please read instructions on reverse before completing form.

Form Approved OMB No. 2070-0060. Approval expires 05-31-98



United States Environmental Protection Agency Washington, DC 20460

Registration Amendment Other

OPP Identifier Number 250628

Application for Pesticide - Section I

1. Company/Product Number 4758-161
2. EPA Product Manager Mr. Robert A. Forrest
3. Proposed Classification None Restricted
4. Company/Product (Name) PEST CONTROL PRODUCTS DEMIZE E.C. PM# 14
5. Name and Address of Applicant (Include ZIP Code) PET CHEMICALS P. O. Box 18993 Memphis, TN 38181-0993
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 NOTIFICATION

Section - II

MAR 21 1996

Amendment - Explain below. Resubmission in response to Agency letter dated. 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 Alternate Brand Name per FR Notice 95-2. Alternate Brand Name will be "DEMIZE E.C." This notification is consistent with the provisions of FR Notice 95-2 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the CSF of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to wilfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of FR 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, 3. Location of Net Contents Information, 4. Size(s) Retail Container, 5. Location of Label Directions, 6. Manner in Which Label is Affixed to Product

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.) Name: Jean Butler, Title: Regulatory Clerk, Telephone No.: 901/362-1950
Certification: I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete.
2. Signature: Jean Butler, 3. Title: Regulatory Clerk, 4. Typed Name: Jean Butler, 5. Date: February 23, 1996, 6. Date Application Received (Stamped)

