

5/30/96

PM 10

4822-273

PA 182

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

<input type="checkbox"/>	Registration	OPP Identifier Number 242559
<input type="checkbox"/>	Amendment	
<input checked="" type="checkbox"/>	Other Notification	

Application for Pesticide - Section I

1. Company/Product Number 4822-273	2. EPA Product Manager Keigwin	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Johnson Wax Raid Flea Killer Plus	PM# 10	
5. Name and Address of Applicant (Include ZIP Code) S. C. Johnson & Son, Inc. 1525 Howe St. Racine, WI 53403 <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.

NOTIFICATION JUN 6 1996

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Notification to reduce longevity claim from currently accepted 7-month claim, to 4. "Kills Fleas Plus Kills Hatching Eggs for up to 4 months." "Kills Hatching Eggs for up to 4 Months."

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Metal	
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	<input type="checkbox"/> Plastic	
		If "Yes" Package wgt	No. per container	<input type="checkbox"/> Glass	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 16 oz.		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input checked="" 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 Stuart McArthur	Title Sr. Registration Specialist	Telephone No. (Include Area Code) (414) 260-2405
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) REC'D EPA/OPP/DPD1 MAY 30 11:33
2. Signature 	3. Title Sr. Registration Specialist	
4. Typed Name Stuart McArthur	5. Date 5/28/96	