

4822-278

1-26-2001

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Please read instructions on reverse before completing form.

Form approved. OMN No. 2070-0060 Approval Expires 05-31-98.

United States EPA Environmental Protection Agency Washington, DC 20460	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other NOTIF	OPP Identifier Number
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Application for Pesticide - Section I

1. Company/Product Number 4822-278	2. EPA Product Manager G. LaRocca	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Raid Formula 278 Insect Killer	PM# 13	
5. Name and Address of Application (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. Resubmission in response to Agency letter dated ____	<input type="checkbox"/> Final printed labels in response to Agency letter dated ____ <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other – Explain below.	NOTIFICATION JAN 26 2001
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Explanation: Use additional page(s) if necessary. (For Section I and Section II.)

Notification of advertising claim

Section III

1. Material This Product Will Be Packaged In:					
Child-Resistant Packaging <input type="checkbox"/> Yes * <input checked="" type="checkbox"/> No <i>*Certification must be submitted</i>	Unit Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Unit Packaging wgt. 0.35 oz.	No. Per container 2 - 3	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Package wgt. N/A	No. Per container N/A	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify)
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container .7 - 1.05 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"/> <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled					

Section IV

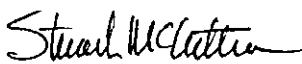
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)

Name Stuart McArthur	Title Sr. Registration Specialist	Telephone No. (Include Area Code) (262) 260-2405
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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 statements may be punishable by fine or imprisonment or both under applicable law.

6. Date Application Received
(Stamped)

2. Signature 	3. Title Sr. Registration Specialist	
4. Typed Name Stuart McArthur	5. Date 1/12/01	

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Raid Fumigator Triple Pack

- Kills bugs where they hide!
- Deep, penetrating fog
- Can be used in kitchens
- Convenient, easy to use & no oily residue

Kills Bugs DEAD!



NOTIFICATION
JAN 26 2001

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