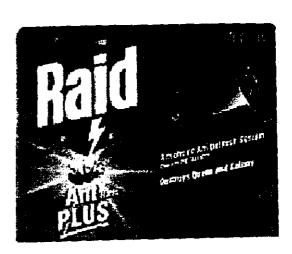
Please read instructions or	reverse before cox	mpletii 35	6		1-3	26-200	"	'	roved.	OMN No. 20 <sup>-1</sup> -0060. Approval Expires 05-31-98.	
		Unite	d State				egist	tration		OPP Identifier Number	
EPA Environmental Protection Washington, DC 204					Men 🗀 🗀						
	<u> </u>	wasningto						NOTIF			
Application for Pesticide - Section I											
Company/Product Number					2. EPA Product Manager				3. Proposed Classification		
4822-356					G. LaRocca				☑ None ☐ Restricted		
Company/Product (Name)					PM#						
Raid Max Ant Baits					13						
5. Name and Address of Application (Include ZIP Code)					6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my						
S. C. Johnson & Son, Inc.					product is similar or identical in composition and labeling to:						
1525 Howe St.					EPA Reg. No						
Racine, WI 53403					Product Name						
☐ Check if this is a new address											
Section II NOTIFICATION											
☐ Amendment – Explain below. ☐ Fina					al printed labels in response to Agency letter dated						
المحدا				Too" Application.  JAN 2 6 2001 er – Explain below.							
Notification – Explain below.											
Explanation: Use additional page(s) if necessary. (For Section I and Section II.)  Notification of advertising claim											
Section III											
Material This Product Will Be Packaged In:											
│ Child-Resistant P │ ⊠ Yes *	Child-Resistant Packaging  ☐ Yes *  Unit Packaging  ☐ Yes				Water Soluble Packaging 2. ☐ Yes ☐				Type of Container Metal		
					No S				Plastic		
*Certification n	nust	If "Yes"		1	. Per	If "Yes" No. Per				Glass	
be submitted		Unit Packa 2.3 grams				1 " " 1				Paper Other (Specify)	
				e(s) Retai	-		ier			of Label Directions	
9.2 –18.4 gran					s ∑ On Lab				pel		
☐ Container					On Lab				peling accompanying product		
6. Manner in Which Label is Affixed to Product    Lithograph (box)											
Section IV											
1. Contact Point	(Complete it	ems directly	below	for identifi			conta	cted, if	nece	ssary, to process this application)	
Name Title				Telephone				No. (Include Area Code)			
Stuart McArthur Sr. Reg				egistrati	gistration Specialist (262) 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 statements may be punishable by fine or imprisonment or both under applicable law.									6. Date Application Received (Stamped)		
2. Signature 4 11101 4 3. Title										Ī	
Strail Melitte Sr. Reg					istration Specialist				<u> </u>		
4. Typed Name 5. Da				5. Date							
Stuart McArthur				1/12/01							

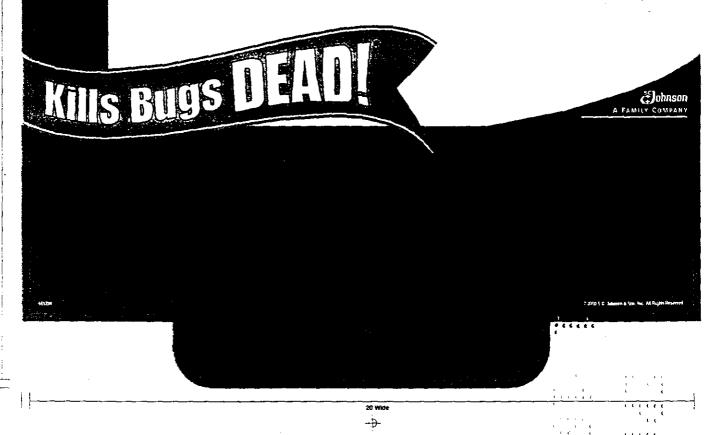
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NOTIFICATION

JAN 26 2001

- Destroys queen and colony
- Kills a variety of household Ants
- Advanced Ant Defense System – contains METASTOP™





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1/5/01