4822-41		· · · · · · · · · · · · · · · · · · ·	12-1	8-2000	,	•	ONN No 2070 MAC Approval Expires 05 24 pg	
United States Environmental Protection Agency Washington, DC 20460 Please read instructions on reverse before completing form. Form approved. OMN No. 2070-0060. Approval Expires 05- Registration Amendment Other Other								
Application for Pesticide - Section I								
Company/Product Number				2. EPA Product Manager			Proposed Classification	
4822-447				George LaRocca			None	
Company/Product (Name)								
Raid Ant & Roach 17								
5. Name and Address of Application (Include ZIP Code) S.C. Johnson & Son, Inc.				6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to:				
1525 Howe Street				EPA Reg. No.				
Racine, WI 53403				Product Name				
Check if this is a new address								
Section II								
Amendment - Explain below. Final printed labels in response to Agency letter dated								
☐ Resubmission in response to Agency letter ☐ "Me Too" Application.						NOTIFICATION		
dated Oth				er - Explain below.			DEC 1 8 2000	
Notification - Explain below.								
Explanation: Use additional page(s) if necessary. (For Section I and Section II.) Notification of minor label changes in accordance with PR Notice 98-10.								
Section III 1. Material This Product Will Be Packaged In:								
Child-Resistant Packaging	Unit Packag			1			2. Type of Container	
│	│						⊠ Metal □ Plastic	
*Certification must	If "Yes"	II	o. Per	If "Yes"	No. P		Glass	
be submitted	Unit Packag N/A	ging wgt. co	ntainer A	Package wgt. N/A	conta N/A	iner	☐ Paper ☐ Other (Specify)	
Location of Net Contents Information			ail Contai	Il Container 5. Location ☑ On Lab			tion of Label Directions	
			_	1 =			Labeling accompanying product	
6. Manner in Which Label is Affixed to Product Lithograph Other Paper glued Stenciled								
Section IV								
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)								
Name Title					Telephone No. (Include A(ea Code)			
Ruben E. Mendoza Registrat			ion Specialist (262) 2			260-5810		
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								
				stration Specialist			•••••	
4. Typed Name 5. Date Ruben F. Mendoza Decei				11 2000		•••••		



NOTIFICATION

DEC 1 8 2000