



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, D.C. 20460

OFFICE OF  
PREVENTION, PESTICIDES AND  
TOXIC SUBSTANCES

**JUN 18 2007**

Ms. Rachel M. Callies  
Product Registration  
Liphatech, Inc.  
3600 W. Elm Street  
Milwaukee, WI 53209

SUBJECT: Application for Pesticide Notification (PRN 98-10)  
Request Alternate Storage and Disposal Language  
EPA Reg. No. 7173-184  
Application Dated May 23, 2007

Dear Ms. Callies:

The Agency is in receipt of your 5/23/2007 for the above product. The Registration Division (RD) has conducted a review of this request for its applicability under PRN 98-10 and finds that the action(s) requested fall within the scope of PRN 98-10. The label submitted with the application has been stamped "Notification" and will be placed in our records.

If you have any questions, please call me directly at 703-305-6249 or Owen F. Beeder of my staff at 703-308-8899.

Sincerely,

A handwritten signature in cursive script that reads "Theresa A. Stone for".

Linda Arrington  
Notifications & Minor Formulations Team Leader  
Registration Division (7505P)  
Office of Pesticide Programs



Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060. Approval expires 2-28-95

2/3



United States  
Environmental Protection Agency  
Washington, DC 20460

Registration  
 Amendment  
 Other

OPP Identifier Number

### Application for Pesticide - Section I

1. Company/Product Number <b>7173-184</b>	2. EPA Product Manager <b>John Hebert</b>	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) <b>Rozoi Gopher Bait</b>	PM# <b>04, Insecticide/Rodenticide Br</b>	
5. Name and Address of Applicant (Include ZIP Code) <b>Liphatech, Inc. 3600 W. Elm Street Milwaukee, WI 53209</b>	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**

**JUN 18 2007**

Check if this is a new address

### 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.

**Explanation:** Use additional page(s) if necessary. (For section I and Section II.) **NOTIFICATION (per PR Notice 98-10) of:**  
**Alternate "Storage and Disposal" language on distributor label, per PR Notice 2007-1.**  
 This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the label or the confidential statement of formula for this product. I understand that it is a violation of 18 USC Se. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40 CFR 153.46, 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:				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	If "Yes" Unit Packaging wgt. No. per container		<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input checked="" type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
* Certification must be submitted		If "Yes" Package wgt No. per container			
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container <b>1 lb up to 50 lbs</b>		5. Location of Label Directions <input checked="" type="checkbox"/> On label	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input checked="" 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 <b>Rachel M. Callies</b>	Title <b>Regulatory Assistant</b>	Telephone No. (Include Area Code) <b>(414) 351-1476</b>
2. Signature 		3. Title <b>Regulatory Assistant</b>
4. Typed Name <b>Rachel M. Callies</b>		5. Date <b>5/23/07</b>
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 <b>(Stamped)</b>

