


Please read Instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060. Approval expires 11-30-93

(A) 	United States Environmental Protection Agency Office of Pesticide Programs (H7505C) Washington, DC 20460	<input type="checkbox"/> Registration	OPP Identifier Number 202437
		<input checked="" type="checkbox"/> Amendment	
Application for Pesticide:		<input checked="" type="checkbox"/> Other	

Section I

1. Company/Product Number 8155-3	2. EPA Product Manager Ruth Douglas	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Super Husky Toilet Bowl Cleaner	PM# 32	
5. Name and Address of Applicant (Include ZIP Code) Canberra Corporation 3610 Holland-Sylvania Rd. Toledo, Ohio 43615 <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.

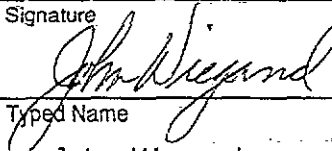
Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Pursuant to PR Notice 95-1, addition of Environmental Hazards Effluent Statement for non-exempt package sizes, (5 gallons and larger)

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	
				<input type="checkbox"/> Plastic	
				<input type="checkbox"/> Glass	
				<input type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify)	
* Certification must be submitted.					
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) of Retail Container 5 Gallons and Larger	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 type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input checked="" type="checkbox"/> Other (Silkscreened)			

Section IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name John Wiegand		Title Director, Research and Development		Telephone No. (Include Area Code) 419-841-6616	
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)
2. Signature 		3. Title Director, Research and Development			
4. Typed Name John Wiegand		5. Date Oct. 17, 1995			