



**COMPANY  
NUMBER** \_\_\_\_\_

8155

**PRODUCT  
SERIAL NO.** \_\_\_\_\_


~~006~~

**LABEL  
APPROVAL  
DATE** \_\_\_\_\_

11-21-95

Please read Instructions on reverse before completing form.

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

<b>(A)</b> 	United States Environmental Protection Agency Office of Pesticide Programs (H7505C) Washington, DC 20460	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number <b>202440</b>
	<b>Application for Pesticide:</b>		

<b>Section I</b>		
1. Company/Product Number <b>8155-6</b>	2. EPA Product Manager <b>Ruth Douglas</b>	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) <b>High Detergent Creme Husky H/D/C. Bowl Cleaner</b>	PM# <b>32</b>	
5. Name and Address of Applicant (Include ZIP Code) <b>Canberra Corporation 3610 Holland-Sylvania Rd. Toledo, Ohio 43615</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 _____	
<input type="checkbox"/> Check if this is a new address		

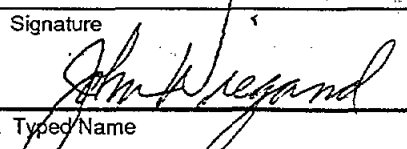
<b>Section II</b>	
<input type="checkbox"/> Amendment - Explain below	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" 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 Statement for non-exempt package sizes, (5 gallons and larger).

<b>Section III</b>			
1. Material This Product Will Be Packaged In:			
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	2. Type of Container <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.		If "Yes," No. per Unit Package wgt. containers	If "Yes," No. per Package wgt. container
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) of Retail Container <b>5 Gallons and Larger</b>	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 checked="" type="checkbox"/> Other (Silkscreened) <input type="checkbox"/> Stenciled			

<b>Section IV</b>		
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name <b>John Wiegand</b>	Title <b>Director, Research and Development</b>	Telephone No. (Include Area Code) <b>419-841-6616</b>

<b>Certification</b>		6. Date Application Received (Stamped)
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.		
2. Signature 	3. Title <b>Director, Research and Development</b>	
4. Typed Name <b>John Wiegand</b>	5. Date <b>Oct. 17, 1995</b>	