PM = 13 RC Please read Instructions on reverse before completing form,	og # 8845-123 19
(A) United States Environment Office of Pesticide Prog Washington, De Application for	al Protection Agency grams (H7505C) C 20460
Sec	ction I
1. Company/Product Number	2. EPA Product Manager 3. Proposed Classification
8845-123	G. LaRocca
4. Company/Product (Name)	PM# Restricted
Hot Shot Fogger V	13
5. Name and Address of Applicant (Include ZIP Code) Spectrum Group Division of United Industries Corp. P.O. Box 15842 St. Louis, MO 63114 Check it 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
Secti	
Amendment - Explain below	Final printed labels in response to Agency letter dated
Resubmission in response to Agency letter dated	"Me Too" Application.
X Notification - Explain below.	Other - explain below.
prior to re-entry." Modify "Question statement. Section	s or Comments." Add "Contains no CFC's"
1. Materia: This Product Will Be Packaged In:	
Child Resistant Packaging Yes* No * Certification must be Unit Packaging Yes No If "Yes," Unit Packaging No No No No No No No No No No	Water Soluble Packaging     2     Type of Container       Yes     Metal       No     Plastic       It "Yes,"     No. per       Package wgt.     container
submitted.     4. Size(s) of F       3. Location of Net Contents Information     4. Size(s) of F       Label     Container	Retail Container       5. Location of Label Directions         On Label       On Labeling accompanying product
6. Manner In Which Label Is Affixed To Product Paper	raph Other ()
	n of individual to be contacted, if necessary, to process this application?** Title Telephone No. (Include Area Code
	Regulatory Affairs Specialist 800-242-1166
Certification	
I certify that the statements I have made on this form and all a I acknowledge that any knowingly false or misleading statem both under applicable law.	ttachments thereto are true, accurate and complete.
Van Dala	Regulatory Affairs Specialist
	5. Date
Kelly Loft	October 31, 1995
EPA Form 8570-1 (Rev. 12-90) Previous editions are obso	lete. White - EPA File Copy (original) Yellow Applicant cop

Performance in the second	•	In reverse before		taction +					Approval expires 11-30-9 OPP Identifier Number
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CompanyProduct Number       2       EPA Product Manager       3       Proposed Classification         BB45-123       G., LaRgoca       X       None       Assisted Science         CompanyProduct Name       Q., LaRgoca       X       None       Assisted Science         None       Assisted Science       13       X       None       Assisted Science         Section 11       Status and Address of Application (Include 2IP Cade)       Science       Science       None       Product Name         Section 11       Chuck I this is a new address       Product Name       Product Name       Product Name         Section 11       Amendment - Explan below       Final period Science       Product Name       Product Name         Resubmission W response to Agency Witer dated       Marco' Appleation       Other - explan below.       The To' Appleation         Nofication - Explan below.       Section 11       Marco' Appleation       The To' Appleation       The To' Appleation         Nofication - Explan below.       Section 11       Marco' Appleation       The To' Appleation       The To' Appleation         Nor - Explan below.       Section 11       Marco' Appleation       The To' Appleation       The To' Appleation         None - Explan below.       Section 11       No.       Section 11 <t< th=""><th><u></u></th><th></th><th></th><th></th><th></th><th></th><th>······</th><th>1</th><th></th></t<>	<u></u>						······	1	
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Contractive C		<u></u>		-	G. LaRoo	ca			
Name and Address of Applicant (Include 2IP Code)         Spectrum Group         Division of United Industries Corp.         2.0. Box 15842         3t. Louis, MO 63114         Check if this is a new address         Product Name         Resubmission in response to Agency lotter dated         Notification - Explain below         Resubmission in response to Agency lotter dated         Notification - Explain below         Resubmission in response to Agency lotter dated         Notification - Explain below         Natification - Explain below         Notification - Explain below         Natification - Explain below         Notification - Explain below         Natification - Explain below         Natification - Explain below         Natification - Explain below         Natification - Explain below         Section III         Material This Product Will Be Packaged In:         Material This Product Will Be Packaged In:         Material This Product Will Be Packaged In:         Material This Product Will Be Packaged Will         Container         Yest         Water Soluble Packaging         Unit Package wigt         No         Catabol of Kell Container         Accepting Que<	Company/Product (Name	)		PM#					
Spectrum Group       [b](i), my product is similar or identical in composition and labeling         Division of United Industries Corp.       [b](i), my product is similar or identical in composition and labeling         Do. Box 15842       St. Louis, MO 61114         Check # this is a new address       Product Name         Section II       Amenoment - Explain below         Resubmission in response to Agency letter datud       Me Toor Application         Notification: Use additional page(s) if necessary. (For section 1 and Section II)       Me Toor Application.         Minor Formulation Amendment per PR Notice 35-2:       Application for sitemate formulation; alternate foragrance and label revision.         Material This Product Will Be Package wgt.       No. per Package wgt.       Meral Plastop Cases         Material This Product Will Be Package wgt.       No. per Package wgt.       Maral Plastop Cases         No       [] Yes;       No. per Package wgt.       On Labeling accompanying product         Manner In Which Label Is Affied To Product       Littlegraph       Section IV       Section IV         Contact Complete Internation of individue to the contacted. If necessary. to process mis ant-Action.       Section IV       Section IV         Contact Complete Internation       Size(s) of Retail Container       S. Location of Labeling accompanying product       Section IV         Contact Complete Internatint Complete Inten	Hot Shot Fogger	ot Shot Fogger V							
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Material This Product Will Be Packaging       Unit Packaging       Water Soluble Packaging       2. Type of Container         hid:-Resistant Packaging       Yes       Pass       Plassic       Glass         No       No       No       Plassic       Glass       Plassic         Certification must be       If "Yes."       No. per       Pakage wgt.       Container       Plassic       Glass       Paper         Location of Net Contents Information       4. Size(s) of Retail Container       S. Location of Label Directions       On Label       Container         Location of Net Contents Information       4. Size(s) of Retail Container       S. Location of Label Directions       On Label         Manner In Which Label Is Affixed To Product       Lidhograph       Paper glued       Other       Other         Stencied       Section IV       Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)       Itelephone No. (Include Area Cod         I aree       Title       Telephone No. (Include Area Cod       Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)       Faceived       Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.       Stencied       Stencied	Minor Formulati	ion Amendment pe	er PR Notic	ce 95-	-2:	rance	and lab	el re	vision.
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Child-Resistant Packaging       Unit Packaging       Water Soluble Packaging       2. Type of Container         Yes*       Yes       Yes       Metal         No       If Yes.       Yes.       No         Certification must be       Int Package wgt.       No. per       If Yes.       No. per         Submitted.       Unit Package wgt.       container       Stass       Paper         J. Location of Net Contents Information       4. Size(s) of Retail Container       S. Location of Label Directions       On Label         Label       Container       Stencied       Other       On Label         Stencied       Stencied       Other       Other       Stencied         Stencied       Stencied       Other       Stencied       Stencied         Stencied       Contact Point (Complete items directly below for identification of individual to be contacted. if necessary. to process this apt.lication )       Stencied         Certification       Tide       Regulatory Affairs Specialist       800-242-1166         Contact Point (Complete items directly below for identification of and all attachments thereto are true, accurate and complete, leader       Stencied         I cartification       String attachments thereto are true, accurate and complete, leader       Stencied         I cachowledge that any knowingly false or misl	Material This Product W	Vill Be Packaged In:	Section in						
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No       No       If "Yes,"       No. per container       Glass Paper         Certification must be submitted.       Unit Package wgt.       No. per container       Other (Specify)         I. Location of Net Contents Information       4. Size(s) of Retail Container       5. Location of Label Directions         I. Location of Net Contents Information       4. Size(s) of Retail Container       On Label         I. Location of Net Contents Information       4. Size(s) of Retail Container       On Label         I. Location of Net Contents Information       4. Size(s) of Retail Container       On Label         I. Location of Net Contents Information       4. Size(s) of Retail Container       On Label         I. Location of Net Contents Information       4. Size(s) of Retail Container       On Label         I. Location of Net Contents Information       4. Size(s) of Retail Container       On Label         I. Location II Which Label Is Affixed To Product       Uithograph       Other (			Wate	er Solubi	le Packaging	2.	Type of Ca	ntainer	······································
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Manner In Which Label Is Affixed To Product       Lithograph Paper glued Stenciled       Other         Section IV       Section IV         1 Contact Point (Complete items directly below for identification of individual to be contacted. if necessary, to process this application.)         itame       Title         Kelly Loft       Regulatory Affairs Specialist         800-242-1166         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 imposonment or both under applicable law.         Signature       3. Title         Kegulatory Affairs Specialist         Signature       3. Title         Kegulatory Affairs Specialist	Child-Resistant Packaging Yes* No Certification must be	Unit Packaging Yes No If "Yes," N	No. per If "Y	Yes No	No.	per		letal lastic ilass aper	pecify)
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Iame       Title       Telephone No. (Include Area Code         Kelly Loft       Regulatory Affairs Specialist       800-242-1166         Certification         Lecroty that the statements I have made on this form and all attachments thereto are true, accurate and complete.       6. Date Application         Lacknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.       6. Date Application         2. Signature       3. Title       (Stamped)**         4. Typed Name       5. Date       6. Date	Child-Resistant Packaging Yes* No Certification must be submitted. Label	Unit Packaging Yes No If "Yes," N Unit Package wgt. c Unformation 4. S container	No. per If "Y container Pack Size(s) of Retail	Yes No es,* kage wgt	No.; t. cont er	per ainer	ation of Label On Label	letal lastic ilass aper ther (Sp I Directi accom	ons panying product
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# **FOGGER** v

Kills Flies, Cockroaches, Fleas (Adult and Pre-adult [Larvae]), Saw-toothed Grain Beetles, Ticks, Confused Flour Beetles, Rice Weevils, Small Flying Moths, Pill Bugs, Crickets • Kills fleas and their hatching eggs plus neutralizes pet odors and freshens home • With pet odor neutralizer • One Unit Treats up to 6,000 Cubic Feet • Water-Based

Active Ingredients:	
Pyrethrins	0.050%
+N-Octyl bicycloheptene dicarboximidc	0 400%
Permethrin (*(3-Phenoxyphenyl)methyl (+/-) cis trans-3-(2,2-dichloro-	
ethenyi) 2,2-dimethylcyclopropanecarboxylate	0 400%
Related reaction products	0 035%
Inert Ingredients:	9 115%
Total	0.000%
+MGK 264, Insecticide Symergest. Sis-transpomer ratio: min 35% (+/-) cl	is, max
65% (+/-) trans ‡Contains petroleum distinates.	
KEEP OUT OF REACH OF CHILDREN	
CAUTION See Back for Additional Pessautionary Statemer	its
NET WT. 7.5 QZ.	

For Use in Rooms, Apartments, Homes, Attics, Basements, Campers, Boats, Household Storage Arbas, Garages, Pet Sleeping Areas, Cabins

Kills Cockroaches, Houseflies, Confused Flour Beetles, Saw-toothed Grain Beetles, Rice Weevils, Small Flying Moths, Fleas (adult and pre-adult [larvae] (Optional: and their hatching eggs), Ticks, Pillbugs, Crickets.

## STOP! READ ENTIRE LABEL BEFORE USE. DIRECTIONS FOR USE

It is a violation of Fedural law to use this product in a manner inconsistent with its labeling.

Cover exposed food, dishes and food-handling equipment. Open cabinets and doors to area to be treated. Shut off fans and air conditioners. Put out all flames and pilot lights. Close doors and windows. Point valve opening away from face and eyes when releasing. Use one unit for each 6,000 cubic feet of unobstructed area. Use additional units for remote rooms or where free flow of mist is not assured. Do not remain in the area during treatment and ventilate thoroughly before re-entry.

## SHAKE WELL BEFORE USING

TO OPERATE VALVE: To lock valve in open position for automatic discharge, press valve button all the way down, hooking the catch. Then place fogger on stand or table in the center of the room with valve locked open, placing several layers of newspaper or pad under fogger. Leave building at once and keep building closed for two hours before airing out. Open all doors and windows and allow to air for 30 minutes. Repeat spraying in two weeks or when necessary.

To Kill Ticks and Fleas: Destroy pet's old bedding and replace. Use product as above. Treat dogs and cats with registered flea and tick control product prior to re-entry.

#### STORAGE AND DISPOSAL

Storage: Store in a cool place away from heat, direct sunlight, or open flame. Keep in original container and preferably in a locked storage area. **Disposal:** Replace cap and discard container in trash. Do not puncture or incinerate.

### PRECAUTIONARY STATEMENTS Hazards to Humans and Domestic Animais

CAUTION: Harmful if swallowed or absorbed through skin.

Avoid breathing vapor and spray and eyes. Remove pets, birds and spraying. Do not apply directly to o remove any food/feed utensils equipment during application. D processing is underway. After sp food/feed is handled, wash all eo etc. where exposed food will be h

#### Statement of Practical Tr

If Swallowed: Call a physiciar immediately. Drink 1 or 2 glasses by touching back of throat with fing clear. Never induce vomiting or g unconscious person. If on Skin: and wash affected areas with pli-Eyes: Flush eyes with plenty of irritation persists. If Inhaled: Ren artificial respiration if indicated.

#### Environmental Hazards

This pesticide is highly toxic to fis not apply directly to water. Drift and be hazardous to fish in adjacent v

### **Physical or Chemical Ha**

Contents under pressure. Do not Do not puncture or incinerate. Exp 130°F may cause bursting.

NOTICE: Buyer assumes all respon in accordance with directions.

#### Questions or comments? Call &

Contains NO CFC's or other of Federal regulations prohibit CFC

Made in the USA for Spectrum Industries Corp., P.O. Box 15842

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