

9198-235

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

OFFICE OF
PREVENTION, PESTICIDES AND
TOXIC SUBSTANCES

Ms. Dawn L. Walters
Product Registration
The Andersons Lawn Fert. Div., Inc
Fert. PO Box 120
Maumee, OH 43537

MAR 23 2007

SUBJECT: Application for Pesticide Notification (PRN 98-10)
Request Alternate Brand Name "The Andersons Turf Products Duocide Insect Control"
EPA Reg. No. 9198-235
Application Dated February 20, 2007

Dear Ms. Walters:

The Agency is in receipt of your Application for Pesticide Notification under Pesticide Registration Notice (PRN) 98-10 dated 02/20/07 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 black ink, appearing to read "Linda Arrington".

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

SIE

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Please read instructions on reverse before completing form.

Form Approved. OIA No. 2070-0080. Approval expires 2-28-95



United States
Environmental Protection Agency
Washington, DC 20460

Registration
 Amendment
 Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 9198-235	2. EPA Product Manager LaRocca	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) The Andersons BiCarb Insecticide + Fertilizer	PM# 13	
5. Name and Address of Applicant (Include ZIP Code) The Andersons Lawn Fert. Div., Inc. d/b/a Free Flow Fert. PO Box 119 Maumee, OH 43537 <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.)

Notification of Alternate Brand Name per PR Notice 98-10 : The Andersons® Turf Products Duocide™ Insect Control

This notification is consistent with the guidance of PR Notice 98-10 and the requirements of EPA's regulations at 40 CFR 156.10 and 40 CFR 152.46 and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the guidance of PR Notice 98-10 and the requirements of 40 CFR 156.10 and 40 CFR 152.46, 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 type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Metal	<input type="checkbox"/> Plastic
				<input type="checkbox"/> Glass	<input type="checkbox"/> Paper
* Certification must be submitted		If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt. No. per container	<input type="checkbox"/> Other (Specify) _____	
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/> On Label	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input 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 Dawn L. Walters	Title Regulatory Administrator	Telephone No. (Include Area Code) 419-351-3717
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 <i>Dawn L Walters</i>	3. Title Regulatory Administrator	
4. Typed Name Dawn L. Walters	5. Date 2/20/07	

